

Personnel Action Requisition (PAR)

Comp # - HR Use Only			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;"> </td> <td style="width: 33%; border: 1px solid black;"> </td> <td style="width: 33%; border: 1px solid black;"> </td> </tr> </table>			

A. Department Information

Department (4 Digit Department ID & Department Description)				Contact Name				Telephone Local							
Supervisor Name				Position Number				Telephone Local				Time Recorder Name			

B. Position/Staffing Requirements

Empl Class <input type="checkbox"/> Cont <input type="checkbox"/> Temp		<input type="checkbox"/> Contract <input type="checkbox"/> Co-op		Position <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Temporary <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Project (6-8)	Object (4)	Fund (2)	Dept (4)	Program (5) <i>Required. If none, use 00000</i>	Percent	Hours			
						If applicable	Required	Required	Required			Bi-weekly	Daily		
<input type="checkbox"/> Job Split Incumbent <input type="checkbox"/> Job Split Non Incumbent															
Position Number				Position Title				Grade		Employee Group		<input type="checkbox"/> APSA <input type="checkbox"/> CUPE <input type="checkbox"/> Poly Party <input type="checkbox"/> Excluded		<input type="checkbox"/> Contract <input type="checkbox"/> Sr. Mgmt	
Start Date		End Date		Start Time		Campus		<input type="checkbox"/> Vancouver <input type="checkbox"/> Other: _____		Building		Room Number			
Year	Month	Day	Year	Month	Day	:	am	pm							
Temporary Employee Name								Revised End Date Reason				Revised End Date			
								<input type="checkbox"/> Extension <input type="checkbox"/> Earlier End Date				Year Month Day			

Additional Information (e.g., Reason for Vacancy, Replacing Whom, Preferred Candidate). Also, please attach a job description, a temporary job standard, or a list of duties for the position being filled.

Departmental Budget Approval			Date			Dean/Administrative Director Approval			Date		
Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day

C. Human Resources

Position Number		Job Code		Position Title									
Salary Admin Plan		Grade		Salary Range				Authorization and Date					
Empl ID		Name (First Last)						Empl Record					
Action		Reasons				Start Date							
		<input type="checkbox"/> Change in Hours > < <input type="checkbox"/> Contract <input type="checkbox"/> Contract Renewal <input type="checkbox"/> Early End Date <input type="checkbox"/> Extension <input type="checkbox"/> Job Split <input type="checkbox"/> New Employee <input type="checkbox"/> Promotion				<input type="checkbox"/> Reclassification <input type="checkbox"/> Re-hire <input type="checkbox"/> Supervisory Diff <input type="checkbox"/> Temp Assignment <input type="checkbox"/> Temp Promo in Own Position <input type="checkbox"/> Temp Overload <input type="checkbox"/> Temp Pool <input type="checkbox"/> Temp Promotion				<input type="checkbox"/> Temp to Cont <input type="checkbox"/> Temp Transfer <input type="checkbox"/> Transfer <input type="checkbox"/> Other: _____			
						Year Month Day							
						Year Month Day							
Comp Rate		<input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly		OR		Override Position Data		Step Entry Date					
						Sal Admin Plan		Grade	Step	Year Month Day			
Step		Step Entry Date		OR		Standard Hours		Comp Rate					
		Year Month Day											
Benefit Program		Annual Base Benefits Rate		Salary Amount for Pension		Company Seniority Date			Service Date				
						Year	Month	Day	Year	Month	Day		
Staffing Authorization		Date		Letter #	Initials	Date Entered			Entered by				
		Year Month Day				Year	Month	Day					

