# Personnel Action Request (PAR)

## CONFIDENTIAL

# Southwestern University

_				1100/21							
	(For Human Resources Use Only)										
	NAE		NFAC								
	BIO		FACL								
	XTDI		WAGS								
	W-4		LEVS								
	I-9		PER FILE MA	AINT							
•		•									

A. EMPLOYEE INFORMATION:				V	W-4	LEVS		
Dr. Ms.					I-9	PER		
Mr. Mrs. Last Name	First	Name	Middle Na				MAINT	
Mailing Address	City		State	Zip Code	Telephone (in	nclude area cod	le)	
I I Third (D. 1 A) Third (Co. 11 11)				. 37 ()	Immediate S	Innorvicor		
Job Title/Rank/New Title (if applicable) <b>B. EMPLOYMENT CLASSIFICAT</b>	TION: (check all th		artment(s): Accord			Eff. Date:		
		1	(check all	that apply)	ACTION.			
Faculty Staff	☐ FT Tem	np Non-Exem	ıpt		ew Hire	Pay Ac	ljustment	
☐ Visiting Faculty ☐ FT Reg	ular 🔲 PT Ten	p Exempt	ſ	Pr	omotion		e in FTE %	
PT Faculty PT Reg	บไลร	(Faculty or Professional Staff			ansfer	= -	st for Stipend	
	arar	1	F		eclassification	_	ct Addendum	
Adjunct Faculty Other:			Complete Part G	=	emotion	☐ Rehire ☐ Other:		
D. EMPLOYMENT INFORMATION		ı	Complete Part G		paration	U Otner:		
Date(s) of Employment Pay Sta	atus	Benefit Status		Salary Inf	ormation		FTE %	
Begins: $\square$ 9 me	onths	9 months	Base Salary:					
12 r	$\square$ 12 months $\square$ 12 months			ff, FT Faculty)		(FT Fac	culty; FT/Prof. Staff)	
Liids.	weekly (staff)	Not eligible	Fall Salary/Stipend:			_	% Fall	
Othe	U Other:	Spring Salary/Stipend:				ulty)		
Previously Employed by Southweste	ern?	☐ No	(PT Faculty)	y/oupend.		(PT Fac	% Spring	
If Yes, Dept.  (To be verified by Human Resources)	Date(s)		Hourly Rate (Bi-weekly-Paid State			(FI Fac	uity)	
Relocation Expense Reimburseme	nt?	If Yes (\$) Amount	(BI-weekiy-Faid Sta	ii, F 1 Staii)		(FT Bi-	weekly Staff & PT Staff	
<u>-</u>	□ No		l			ı		
Related to any current SU employ	ee? Yes _	No If yes, pl	lease identify:					
E. POSITION CONTROL:					(to be completed by Human Resources)			
Replacement For: (complete F. if application)	able) Sa	lary Account	\$\$ Split	Position	#	Pooled	Pos FTE %	
1)		•	1			Y or N	10011270	
Replacement For: (complete F. if application)	able) Sa	lary Account	\$\$ Split	Position	<del></del> #	Pooled	Pos FTE %	
2.)			_			Y or N		
Replacement For: (complete F. if applica	able) Sa	lary Account	\$\$ Split	Position	#	Pooled	Pos FTE %	
3.)				_		Y or N		
F. EXPLANATORY COMMENTS	S:							
G. GERLANDA TYON OF FLANDA OVA								
G. SEPARATION OF EMPLOYM		<u></u>			_			
Dismissed (provide explanatory commer	nts)	nted (faculty)    Ret	ired (Effective D	Date):	⊔`	Voluntarily resi	_	
Temporary/Visiting Assignment Ended	Other:					Accepted	d Another Position	
Official Date of Termination (DOT):	Last Day 1	Physically at Wor	k:		-	Continuir	ng Education	
H. ROUTING/APPROVALS:	(ii uniereint			-	Personal/			
A ROULIUMINO MIS.	1					Relocation	'n	
	ATE VICE PRESI	DENT/DE AN OF EACH TY	ACADEMICS ON A	DATE ED	JANCE & ADMINISTRA	ATION OFFICE	DATE	
DEPARTMENT HEAD / DEAN	VICE PRESI	DENT/DEAN OF FACULTY (.	ACADEMICS UNLY	, DATE FIN	THEE & ADMINISTRA	THON OFFICE	DATE	
VICE PRESIDENT D	ATE FINANCIAL	PLANNING/ANALYSIS MAN	NAGER	DATE HUI	MAN RESOURCES OFF	FICE	DATE	

# Instructions for completing the PAR form.

### **Description of Sections**

Section A - Complete employee name, address, hiring department, job title to be filled and supervisor

Section B - Check all that apply. Is the employee faculty? What type (visiting, adjunct, etc...?) Is the employee staff? Is the employee part-time or full-time? Complete non-exempt (bi-weekly pay) or exempt (monthly pay).

Section C - Complete effective date. Check what type of request is being made.

Section D - Complete beginning and end dates of position, if applicable. Check whether the employee is paid on 9 month, 12 month, or Bi-Weekly. Check whether the employee receives 9 month, 12 month or not eligible for benefits. Fill in the salary for this position. Fill in the percentage of work load this employee will be working (for faculty, this is usually completed by the AVP for Academic Affairs). Check whether the employee was previously employed by SU. Check whether relocation expense reimbursement will be offered to employee and what amount is offered. Indicate whether the candidate is related to any current SU employees.

Section E - Fill in whom or what position is being replaced (ex. name, sabbatical, etc...). Complete the salary account this position will be paid from. Fill in the amount being paid for this position and if it is split between multiple accounts.

Section F - Write any notes that will explain what the PAR is for.

Section G - Check what type of separation is being made. Fill in the date of separation and last day worked.

Section H – Acquire the Department Head/Dean and Vice President's signature.

**Faculty Position:** Forward PAR to the Dean of the Faculty's office and then to Human Resources for approval. **Staff Position:** Forward PAR to the Human Resources Department for final approval.

#### **Sections to be Completed**

New Hire Complete sections: A, B, C, D, E, F if needed, and H.

Promotion Complete sections: A, B, C, D, E if applicable, F, and H.

Transfer Complete sections: A, B, C, D, E, F, and H.

Reclassification Complete sections: A, B, C, D, E, F if needed, and H.

Demotion Complete sections: A, B, C, D, F, and H.

Separation Complete sections: A, B, C, F, G, and H.

Pay Adjustment Complete sections: A, B, C, D, E, F if needed, and H.

Change in FTE % Complete sections: A, B, C, D, F, and H.

Request for Stipend Complete sections: A, B, C, E, F, and H. A completed PAR form indicating a request

for stipend must be received in the Human Resources Office by the 10th of the month in

order to be included in the 25th of the month payroll.

Contract Addendum Complete sections: A, B, C, D, E, F, and H.

Rehire Complete sections: A, B, C, D, E, F if needed, and H.

Other Complete sections: A, B, C, D, E, F, G, and H (all that are applicable).