# Personnel Action Request (PAR)

## CONFIDENTIAL

# Southwestern University

(For Human Resources Use Only)								
NFAC								
FACL								
WAGS								
LEVS								
PER FILE MAINT								

A. EMPLOYEE INFORMA		W-4	LEVS					
□Dr. □Ms.							-	
Mr. Mrs. Last Name	Last Name First Name			Middle Name		I-9 PER FILE MAINT		MAINT
Mailing Address		City		State	Zip Code	Telephone (i	include area cod	e)
Job Title/Rank/New Title (if applica				artment(s): Acco			•	
B. EMPLOYMENT CLASS	SIFICATION: (d	check all that apply	<i>i</i> )		LOYME! I that apply		Eff. Date:	
PT Faculty	FT Regular Transfer T		Non-Exem (Bi-weekly paid s  Exempt (Faculty or Professional Staff	taff)  Complete		New Hire Promotion Transfer Reclassification	☐ Change	ljustment e in FTE % st for Stipend ct Addendum
☐ Adjunct Faculty (	Other:				└ ∐	Demotion	Rehire	
D. EMPLOYMENT INFORMATION:						Separation	Other:	
Date(s) of Employment	Pay Status	Ben	efit Status		Salary	Information		FTE %
Begins: Ends: Previously Employed by So	9 months 12 months Bi-weekly ( Other:	staff) $\square$ 12	months 2 months ot eligible ther:	Base Salary (FT Professional S Fall Salary/ (PT Faculty) Spring Sala (PT Faculty)	taff, FT Faculty /Stipend:	·	(FT Fac	% Fall
If Yes Dent					e.		(PT Fac	
To be verified by Human Resources)  Relocation Expense Reimbursement?  Date(s)  Yes  If Yes (\$) Amount    Bi-weekly-Paid Staff,						(FT Bi-	weekly Staff & PT Staff	
	L	☐ No		l			<u> </u>	
E. POSITION CONTROL:		0.1		φφ. <b>σ.</b> 11.	15	(to be completed	-	
Replacement For: (complete I	f. if applicable)	Salary Ac	ccount	\$\$ Split	Positi	on #	Pooled	Pos FTE %
Panlacament For: (complete I	Replacement For: (complete F. if applicable)  Salary Account		count	\$\$ Split	Positi	#	$\frac{Y \text{ or } N}{P_{2} = 1}$	Dan ETE 0/
			count	ψψ Spiit	Positi	.011 #	Pooled V or N	Pos FTE %
2.) Replacement For: (complete I	Replacement For: (complete F. if applicable)  Salary Account			\$\$ Split	Positi	on #	Y or N Pooled	Pos FTE %
.)			Count	φφ 5μπτ	Fosiu	OII #	Y or N	FOSTIL 70
Replacement For: (complete F. if applicable)  Salary Account			count	\$\$ Split	Positi	on #	Pooled	Pos FTE %
4.)	-			** ~F	1 0 5 1 1		Y or N	10011270
F. EXPLANATORY COM	IMENTS.							
I. Lin Lin will out com								
G. SEPARATION OF EM	PLOYMENT:							
Dismissed (provide explanator	ry comments) N	ot Reappointed (fac	eulty)    Ret	ired (Effective	Date):		Voluntarily resi	gned due to:
Temporary/Visiting Assignme	ent Ended	ther:	•			<del></del> -	Accepted	l Another Position
Official Date of		ast Day Physic	ally at Wor	k:			—— Continui	ng Education
Termination (DOT):		different from DC					Personal/	
H. ROUTING/APPROVALS:							Relocation	
DEPARTMENT HEAD / DEAN	DATE	VICE PRESIDENT/PRO	CS ONLY)	DATE	FISCAL AFFAIRS OFFIC	ČE	DATE	
WICE DECIDENT	D.100	DUDGET OFFICE			D. t mrs	IIIDAAN DEGGAM ON	NEELCE.	D. 1 777
VICE PRESIDENT	DATE	BUDGET OFFICE			DATE	HUMAN RESOURCES O	TTICE	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 Administration). Check whether the employee was previously employed by SU. Check whether relocation expense reimbursement will be offered to employee and what amount is offered.

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. Forward the PAR to the Provost's office for faculty and to the Human Resources Department for staff.

#### **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 10<sup>th</sup> 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).