

Personnel Action Request Form (PARF)

Part 1: General Information *(please complete)*

Employee Name _____ Employee ID (ADP) _____
Last First Middle
 Date _____ D.O.B. _____ S.S.N. (faculty only) _____
 Employee Mailing Address: _____

Part 2: Classification *(please check one and then complete appropriate sections on page 3, as indicated below)*

- | | | |
|--|---|---|
| <input type="checkbox"/> New Hire (Sections A, B, D) | <input type="checkbox"/> Change Funding (Sections A, D) | <input type="checkbox"/> Other Change (Sections B, D) |
| <input type="checkbox"/> Rehire (Sections A, B, D) | <input type="checkbox"/> Termination (Sections C, D) | <input type="checkbox"/> Reclassification (Sections B, C) |

Effective Date: _____

Part 3: Position/Department Information

Name of Department _____ Position _____ Home Campus Location _____
 Department Number _____

- 10 month Faculty 12 month Faculty Staff Student

Please select all that apply:

- | | | | |
|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Exempt (Bi-weekly) | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Regular | <input type="checkbox"/> Federal Work Study Student |
| <input type="checkbox"/> Non-Exempt (Monthly) | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary | <input type="checkbox"/> Student Assistant |

If temporary, # of months _____ If Part-Time, # of hours per week _____ Tentative Start Date _____

Comments: FOR BUDGET USE ONLY

Part 4: Background Check and (if applicable Credit Check Clearance)

Background Check: Eligible to Hire Ineligible to Hire

Credit Check: Eligible for position of trust and Purchasing Card Ineligible for position of trust and Purchasing Card N/A

OHR Representative _____ Signature _____ Date _____

Part 5: Offer Letter Request

Work Commitment: Full-Time Part-Time Temporary Other _____

Employment Status: Faculty Staff Student Assistant Federal Wok Study Student Other _____

Number of hours per week _____ Tentative Start Date: _____

INCREASE

Merit Amount \$ _____
 Promotion Amount \$ _____
 Adjustment Amount \$ _____
 Other (Explain below) Amount \$ _____

EFFECTIVE DATE	FROM \$	TO \$
Transfer	From: To:	Effective Date:
Title Change: <input type="checkbox"/> Lateral <input type="checkbox"/> Promotion	From: To:	Effective Date:
Reclassification/Status Change	From: To:	Effective Date:

Explanation:

Section A – Position Funding Data (all changes in position funding must be approved by Budget/Grants)

Funding Distribution: 100% from Home Department listed above Split Funding or Other Funding (detail below)

Funding Comments _____

Staff Department Approval _____ Date: _____

Section B – Job Data/Position Data Changes

New Manager (Responsible for hiring, terminations, performance evaluations, and time off requests) _____

New Pay Rate \$ _____ New Standard Hours per Week _____

New E-Time Supervisor
(Responsible for approving time card only) _____

If an Employee Campus Location change, please indicate new campus location: (check one below)

- Macon Dublin Warner Robins
 Cochran Eastman

Other Changes/Comments:

Section C – Terminations: Please enter last day worked:

All terminations require a reason code; please select one from the options below. Reasons marked with an asterisk (*) are ineligible for rehire. **Must explain below.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Resignation (please attach resignation) | <input type="checkbox"/> Job Abandonment** | <input type="checkbox"/> Mutual Consent | <input type="checkbox"/> Gross Misconduct* |
| <input type="checkbox"/> Staff Reduction | <input type="checkbox"/> Failure to Return from Leave | <input type="checkbox"/> Unsatisfactory Performance | <input type="checkbox"/> Insubordination** |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> No Show | <input type="checkbox"/> Misstatement on Application* | <input type="checkbox"/> Other** |
| <input type="checkbox"/> Elimination of Position | <input type="checkbox"/> End of Temporary Employment | <input type="checkbox"/> Violation of Rules** | |

Explanation _____

Section D – Approvals *(To avoid a delay in processing, all job/position changes requiring a salary or budget change, including changes in hours or pay rate, must be approved by the Budget Office prior to submission to the Office of Human Resources). Two or more levels of management approval required for all salary changes.*

MGR/SUPV _____	Signature _____	Date _____
Dean/Dir _____	Signature _____	Date _____
AVP/VP/Provost _____	Signature _____	Date _____
Budget Office _____	Signature _____	Date _____
EVP Finance _____	Signature _____	Date _____
President _____	Signature _____	Date _____

(President's signature required only for faculty, director level and above positions)

HR Use Only:

Entered by _____ Date Received _____