

Position Action Request (PAR)



This form must be completed electronically and emailed to HR. Your Division Dean must be consulted about the request prior to submission.

Once completed by the Requesting Manager/Supervisor, the PAR must be sent to each approver/reviewer in sequence via e-mail as an attachment along with an approved job description. **The email subject line should read "Position Action Request (Transaction) - POSITION NAME.** For example, Position Action Request (Renewal) – TUTOR.

Requesting Department

Requesting Manager/Supervisor	Department	Today's Date

Transaction: <input type="checkbox"/> Establish New Position <input type="checkbox"/> Hire/Rehire <input type="checkbox"/> Reclassify <input type="checkbox"/> Renewal <input type="checkbox"/> Other (specify) _____	Position: <input type="checkbox"/> Mgmt/Confidential <input type="checkbox"/> Unclassified <input type="checkbox"/> Classified	Appointment: <input type="checkbox"/> Permanent <input type="checkbox"/> Special/Temporary (EA) <input type="checkbox"/> Acting/Interim <input type="checkbox"/> Rehired Retiree	Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hrs/Wk _____ <input type="checkbox"/> Type "X" if this is a dual assignment.
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Employee Name	Start Date	End Date

Current Job Title/Classification	Proposed Job Title/Classification <i>(For Reclassification Only)</i>

REQUIRED Justification for Position Request & Funding to be completed on PAR-Page 2.

Division Dean

I am Approving Denying because:

Division Dean: _____ Date: _____

Human Resources

Job Description is System Wide Unique PCN: _____ N/A:

Pay Rates	Current	New	Difference
Hourly			N/A
Biweekly			N/A
Annual			N/A

Non-permanent appointment #: _____
 Rehired Retiree Contract Year #: _____

Human Resources Review: _____ Date: _____

Dean of Administration & Institutional Effectiveness (Funding Certification)

Funding for this position is: Current New Not Available The funding for this position is: Approved Denied

Fund	Org	Program	Chartfld 2	Distribution %	Estimated Annual Fringe

Dean of Administration & Institutional Effectiveness: _____ Date: _____

Approval by President:

Approved Denied Conditional Approval

Signature: _____ Date: _____

Comments: _____

Human Resources (Processing)

Employee ID	Union