

Personnel Action Request (PAR)

Requestor (print): _____	Requested Job Title: _____	Site: _____	Requested Start Date: _____
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<input type="checkbox"/> Admin	<input type="checkbox"/> Certificated	<input type="checkbox"/> Classified	<input type="checkbox"/> PUSD	<input type="checkbox"/> PCOE
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Job Action <input type="checkbox"/> New Position <input type="checkbox"/> Layoff <input type="checkbox"/> Replacement for _____ <input type="checkbox"/> Resignation of _____ <input type="checkbox"/> Change in Hours From _____ To _____ <input type="checkbox"/> Change in Funding From _____ To _____ <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Leave of Absence Dates: _____	Length of Action <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Short-term <input type="checkbox"/> From (months) _____ to _____ Works Hours: From: _____ To: _____ Total Hours a day: _____ Days per week worked (Mon - Fri): _____ Other: (please specify) _____
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Justification for Action/Notes:

Funding Source:	Account Numbers:
	1. _____ % of total
	2. _____ % of total
	3. _____ % of total
	4. _____ % of total
	5. _____ % of total

Employee Information:
 Employee Name: _____
 Effective Date: _____ Close of Business Hours per day _____ FTE _____

District Office Use Only

Approvals
 Human Resources: _____ Date: _____ Business: _____ Date: _____
 Program Manager: _____ Date: _____ Site Admin: _____ Date: _____

Salary Placement
 Range: _____ Step: _____ Social Security No. (last four) _____
 10 month 10 month school days 10 month school + ___ days 11 month
 12 month Certificated Certificated Hourly Other: _____

PCOE/PUSD Board Date: _____	Position Number: _____	Vacancy Closes: _____	Offer of Employment: _____
Cc: Payroll _____	PCOE/PUSD Board Date if New Position: _____	Position End Date: _____	Requisition No. _____