



## Form 2.5B - PERSONNEL ACTION REQUEST (PAR)

Complete all applicable sections, attach required information, and add explanatory comments in Section H. Submit original form to Human Resources.

| Section A. EMPLOYEE INFORMATION   |   |   |  |
|---|---|---|--|
| Employee's Full Name (Last, First Middle)   |   | Department  | Date Submitted   |
| Section B. ACTION REQUESTED (Check all that apply)  |   |   |  |
| <input type="checkbox"/> NEW EMPLOYEE<br><input type="checkbox"/> Full-Time; Benefit Eligible<br><input type="checkbox"/> Part-Time; Leave Eligible<br><input type="checkbox"/> Part-Time; Not Benefit Eligible<br><input type="checkbox"/> Supplemental (Temporary)<br><input type="checkbox"/> Seasonal (Temporary)<br><input type="checkbox"/> TRANSFER<br><input type="checkbox"/> END PROBATION<br><input type="checkbox"/> CHANGE WORK HOURS<br><input type="checkbox"/> FLSA STATUS CHANGE | <input type="checkbox"/> PROMOTION<br><input type="checkbox"/> DEMOTION<br><input type="checkbox"/> SUSPENSION (With Pay)<br><input type="checkbox"/> SUSPENSION (Without Pay)<br><input type="checkbox"/> LEAVE OF ABSENCE (Section G)<br><input type="checkbox"/> RESIGNATION (Voluntary)<br><input type="checkbox"/> TERMINATION (Involuntary)<br><input type="checkbox"/> RETIREMENT<br><input type="checkbox"/> DEATH<br><input type="checkbox"/> OTHER (Explain in Section H) | <input type="checkbox"/> START PAY CHANGE<br><input type="checkbox"/> Promotion<br><input type="checkbox"/> Additional Duties<br><input type="checkbox"/> COLA/Market Adjustment<br><input type="checkbox"/> Degree/Licensure/Certification<br><input type="checkbox"/> Special Pay<br><input type="checkbox"/> Retroactive Pay<br><input type="checkbox"/> Bonus<br><input type="checkbox"/> Benefits or other Pay Change<br><input type="checkbox"/> END PAY CHANGE |  |
| Section C. CURRENT POSITION   |   | Section D. NEW POSITION   |  |
| Position  |   | Position  |  |
| Pay Band  |   | Pay Band  |  |
| Department  |   | Department  |  |
| Status  | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary   | Status  | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary                              |
| Start Date  |   | Start Date  |  |
| End Date  |   | End Date  |  |
| Last Work Day   |   | Last Work Day   |  |
| Section E. CURRENT PAY  |   | Section F. NEW PAY  |  |
| Annual  |   | Annual  |  |
| Hourly  |   | Hourly  |  |
| Hours/Day   |   | Hours/Day   |  |
| Hours/PP  |   | Hours/PP  |  |
| Other Pay   |   | Other Pay   |  |
| Status  | <input type="checkbox"/> Permanent <input type="checkbox"/> Temp <input type="checkbox"/> One-Time  | Status  | <input type="checkbox"/> Permanent <input type="checkbox"/> Temp <input type="checkbox"/> One-Time |
| Start Date  |   | Start Date  |  |
| End Date  |   | End Date  |  |
| Section G. LEAVE OF ABSENCE   |   |   |  |
| Start Date  | Last Day Worked   | Expected Return Date  |  |
| <input type="checkbox"/> Medical<br><input type="checkbox"/> Military   | <input type="checkbox"/> Personal<br><input type="checkbox"/> Reinstate from LOA  | <input type="checkbox"/> Worker's Compensation<br><input type="checkbox"/> Short-Term Disability  | <input type="checkbox"/> Other<br>(Explain in Section H)   |

| Section H. DEGREES, LICENSES, OR CERTIFICATIONS (To be completed by the requesting Employee) |              |   |  |                              |                |
|--|--------------|---|--|------------------------------|----------------|
| Degree, Licensure or Certification Program   |              |   |  | Completion / Graduation Date |                |
| List any previous degrees, licenses or certifications earned                                 |              |   | How will the degree/license/cert benefit the County in your current role?                |                              |                |
| Employee Signature   |              | Date  | Certification<br><i>The information provided is correct to the best of my knowledge.</i> |                              |                |
| Section I. JUSTIFICATION/EXPLANATION   |              |   |  |                              |                |
|  |              |   |  |                              |                |
| Section J. REVIEW / APPROVAL   |              |   |  |                              |                |
| Supervisor   |              | Date  | Recommended<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  | Comments                     |                |
| Department / Agency Head   |              | Date  | Recommended<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  | Comments                     |                |
| HR Director  |              | Date  | Recommended<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  | Amount Recommended           |                |
| County Administrator   |              | Date  | Approved<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | Amount Approved              |                |
| Section K. HUMAN RESOURCES AND PAYROLL ONLY  |              |   |  |                              |                |
| Empl ID No.  | Position No. | VRS Eligible Pay?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Amount   | Pay Period Start             | Pay Period End |
| HR/PAYROLL NOTES   |              |   |  |                              |                |
|  |              |   |  |                              |                |

# Personnel Action Request (PAR) Checklist

Submit the following items to HR for each personnel action:

## **New Hire, Promotion, Lateral Transfer from Another State Agency:**

- Personnel Action Request (PAR) form
- Signed, original employment application
- Certification/Licensure/Degrees copies and/or forms, if applicable
- Salary Decision, approval email from County Administrator if above entry level for the position
- Employment Offer Letter
- All applications list of names

## **Lateral Transfer within County Departments/Agencies (from one position # to a different position #):**

- Personnel Action Request (PAR) form
- Position: Salary Decision, approval email from County Administrator if above current salary

## **Leave of Absence (LOA):**

- Personnel Action Request (PAR) form
- Written request and approval for Extended Leave (with or without pay)
- Request for FMLA, Educational, Personal, etc.

## **Reinstatement from Leave of Absence:**

- Personnel Action Request (PAR) form
- Return to Work Medical Certification/Note, if applicable

## **Suspension:**

- Personnel Action Request (PAR) form
- Copy of suspension letter to employee and/or documentation for suspension

## **Separation:**

- Personnel Action Request (PAR) form
- Letter of resignation, dismissal, retirement, etc. from employee and/or other documentation