

PAR (PERSONNEL ACTION REQUEST)*

*For questions about this form, please email hrcomp-group@pcc.edu

SECTION I: Reason for Request & Employee Information

First & Last Name: _____ **ID:** _____

Job Title: _____

Work Location: Campus/Center/Location: _____ Building: _____ Room: _____

PCC Extension: _____ PCC Email: _____

Position Status: New Employee New Position (attach job description) Regular/Ongoing Temporary

Start Date: _____ End Date (temp. only): _____

Employee Classification: _____ Salary Table: _____ Grade/Level: _____ Step: _____

Direct Appointment Recruited LOA Replacement - If yes, replacing: _____

Hourly Rate/Annual Salary: _____ Position #: _____ ORG: _____ FTE: _____

Hourly or Daily rate number of hours, or number of days: _____ Temp Leave Pay: _____

Other Explanation: _____

Change an Existing Position Effective Date: _____ End Date (if applicable): _____

Job Title Change Current Position Title: _____

New Position Title: _____

Supervisor Change Current Supervisor Name & Posn #: _____

New Supervisor Name & Posn #: _____

FTE Change Current FTE: _____ New FTE: _____

Schedule/Shift Change Swing Night Split

Work Schedule (If other than M-F, 8am-5pm) -- Indicate regularly scheduled days, start and end times:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start							
End							

Classification Change (*Attach New Job Description*)

Current Classification: _____ New Classification: _____

Current Position Number: _____ New Position Number: _____

Current Hourly Rate/Annual Salary: _____ New Hourly Rate/Annual Salary: _____

Current Grade/Level: _____ Current Step: _____ New Grade/Level: _____ New Step: _____

Job Assignment Employee Class Code: _____ Salary Table Code: _____

