PAR (PERSONNEL ACTION REQUEST)* *For questions about this form, please email hrcomp-group@pcc.edu

SECTION I: Reason for Request & Employee Information

First & L	ast Name:					ID:	
Job Title	:						
Nork Location: Campus/Center/Location:					Buildii	ng:	Room:
PCC Exte	CC Extension: PCC Email:						
Position	Status:	New Employe	e 🗌 New Po	sition (attach jo	b description) [☐ Regular/Or	ngoing 🗌 Tempora
Start Date	:	End D	ate (temp. onl	y):			
Employee	Employee Classification: Salary Tab				Grade	/Level:	Step:
Direct A	Appointment	Recruited	☐ LOA Rep	placement - If ye	es, replacing:		
lourly Rat	te/Annual Sala	ry:	Pos	ition #:	ORG:	FTE	<u> </u>
lourly or [Daily rate numb	ber of hours, o	r number of da	ays:	Te	mp Leave Pa	y:
] Other	Explanation:_						
Change	an Existing	Position	Effective	e Date:	Er	d Date (if app	olicable):
☐ Job Titl	e Change	Current Po	osition Title:				
		New Posit	ion Title:				
☐ Superv	isor Change	Current Su	ıpervisor Nam	e & Posn #:			
		New Supe	rvisor Name 8	k Posn #:			
] FTE C	nange			New F			
∃ Sched∟	ıle/Shift Chang	ıe. □Sw	ina 🗆	Night	Split		
				ate regularly so		start and end	times:
Г	Mon	Tue	Wed	Thu	Fri Fri	Sat	Sun
Stort	-						
Start							
End							
☐ Classifi	cation Change	(Attach New	Job Descriptio	nn)			
Current CI	assification: _		New	/ Classification:			
Current Po	sition Number	·	New Po	sition Number:			
Current Ho	ourly Rate/Ann	ual Salary:		New Ho	ourly Rate/Annu	al Salary:	
Current Gr	ade/Level:		Current Step	o: N	lew Grade/Leve	el:	New Step:
ob Assigr	nment Employe	ee Class Code	: <u></u>	Salary Tabl	e Code:		

PAR (PERSONNEL ACTION REQUEST)*

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

SECTION II: Funding Source and Labor Distribution (Must include salary and benefits)

The sections below are required for all new positions, FTE changes, and funding changes. List the salary on one line, and the benefits on another line. *Skip this section* if you are submitting a change of job title, supervisor change, or schedule/ shift change.

Funds transferred FROM:

Fund	Organization	Account	Program	Position #	FTE	Percent	Amount
Total:							

Funds transferred TO:

Fund	Organization	Account	Program	Position #	FTE	Percent	Amount	
	Total:							

Describe the reason for the request (e.g., new p	rogram, increased work	(load):		
Section III: Requester Information	on			
Completed by:	Ext:	Email:		
Department Name:		<u> </u>		
Supervisor Name:	Supervisor Position #:		Email:	

Section IV: Approval Routing

*Presidential approval is required for: 1) All new positions (both general & grant funded); 2) Any type of salary increase; 3) Advanced salary placement memos.

Approver 1: Manager of Position
Approver 2: Next Level Manager
Approver 3: AVP/Executive Dean
Approver 4: Vice President/Chief Officer

*President Approval: Use this email for routing to the president adrien.bennings@pcc.edu

Final Recipient: hrcomp-group@pcc.edu