

# PAR (PERSONNEL ACTION REQUEST)\*

\*For questions about this form, please email [hrcomp-group@pcc.edu](mailto: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: \_\_\_\_\_

