Position Action Request (PAR)



This form must be completed electronically and emailed to <u>HR</u>. Your Division Dean must be consulted about the request prior to submission.

Once completed by Requesting Manager/Supervisor, the PAR must be sent via e-mail as an attachment to each approver in sequence with an approved job description as an attachment. **The email subject line should read "Position Action Request (Transaction) - POSITION NAME.** For example, Position Action Request (Renewal) – TUTOR.

Requesting Depa	artment							
Requesting Manager/Supervisor		Department				Today's Date		
Transaction:	Pos	<u>l</u> sition:	Appo	ointment:		Em	l ployment:	
Establish New Position Mgmt/Confidential				Permanent			Full-time	
Hire/Rehire Unclassified			Special/Temporary (EA)			Part-time Hrs/Wk		
Reclassify		Classified		Acting/Int	erim		<u> </u>	
Renewal				Rehired Retiree			Type "X" if this is a dual assignment.	
Other (specify)							_	
Employee Name							Start Date	End Date
Current Job Title/Classification				Proposed	d Job Title/Classifica	ation (For Recla	assification Only)	
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DEGLUDED		(D !!!		. 0				
	Justificati	on for Position	Reque	est &	Funding to b	oe comple	ted on PAR-F	age 2.
Division Dean								
O Approving	haaayaa							
I am O Denying	because:							
Division Dean:							Date:	
Human Resource	S							
Job Description is O System Wide O Unique					PCN	:	N/A:	
Day Datas		·	D:ff-		-		- ′	
Pay Rates	Current	New	DITTE	erence				
Hourly			N/A		·		nt appointment #:	
Biweekly				N/A		Rehired Retire	ee Contract Year #:	
Annual				N/A			_	
Human Resources Review:							Date:	
Finance Department (Coding)								
Fund	Org Program		Cha	rtfld 2	Distribution %	Estimated An	nual Fringe	
							-	
Dean of Administ	ration & Insti	tutional Effectiveness	(Funding	g Certific	cation)			
Funding for this pos					The funding for the	•		
O Current	O New O No	t Available			O Approv	ed O Denied	-	
Dean of Administ	ration & Insti	tutional Effectiveness	:				Date:	
Approval by Pr	esident:							
	O Approved	O Denied O Co	nditional Ap	proval				
			<u> </u>	<u> </u>				
	Signature:					Date:		
Comments	:							
Human Resour	cas (Braces	eina)					,	
Employee ID	Union	ənig)						
Linployee ID	Sillon	New Hire	New F	Record	Dual Re	equired		
Distribution Description	I New Houses De	Language Division Desir Fire	oo Dono-t-	ant Da	of Admin O Instill Fff	thronono Dronida	t Human Dagguras -	

Justification for Position Request & Funding Why is this position action being requested and how is it being funded? How does this position tie into our: 1. Mission, Vision, and Value Statement 2. Our Strategic Plan 3. Overall benefit to the College? Except in conformity with the requirements of the State Ethics Commission, no relative of an employee of the community colleges shall be eligible for appointment, employment, or promotion to a position over which that individual exercises jurisdiction, and no employee is permitted to supervise, either directly or indirectly within the line of supervision, a relative working in a state position. Requesting Manager/Supervisor certification: I hereby certify that no relationship exist between the individual named for appointment herein and me that would result in a violation of the rule stated above.

This certification must be signed by each employee who is directly or indirectly within the line of supervision for the proposed appointee

Signature:

Date: