

Middle Georgia State University Personnel Action Request Form (PARF)

A background check must be completed before a PARF is submitted. If a background check has not been done, please contact HR.

Part 1: General Information (please complete)

Employee Name Last _____ First _____ Middle _____
 Employee Email Address: _____
 Employee Mailing Address: _____

Part 2: Type of Employee Change

New Hire (Sections A, C) Other Change - Transfers, reclassifications, salary adjustments, etc. (Sections A, C) Terminations - Including Retirements (Sections B, C)
 Rehire (Sections A, C) If a transfer within USG, what institution: _____

Part 3: Department/Position Information (please complete)

Department Name _____ Department Number _____ Discipline (Faculty) _____
 Position Title _____ Position Number _____ Home Campus Location _____

10 Month Faculty 12 Month Faculty 10 Month Staff 12 Month Staff Student Assistant Federal Work Study Student

Please select all that apply:

Exempt (Monthly (M)) Regular Full-Time (FT) If temporary, # of months _____
 Non-Exempt (Bi-Weekly (BW)) Temporary Part-Time (PT) If Part-Time, # of hours/wk (max of 19 PT, 16 FWS) _____

Section A: Offer/Personnel Change Letter Information (please complete)

Effective Date: _____ **Pay Rate - Annually -FT M & BW -** _____ **Pay Rate - Hourly - PT, SA & FWS \$** _____

Conversions to be done by OBP **Pay Rate - Hourly - FT BW \$** _____ **Pay Rate -Monthly - FT M \$** _____

Reports To (Responsible for evaluations) _____

Supervisor (Responsible for approving time card) _____

Department Change	From: _____	To: _____
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Title Change	From: _____	To: _____
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Salary Change	From: _____	To: _____
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Reason for Change (Adjustment, Promotion, Other)

Funding Change	From: _____	To: _____
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Campus Change	From: _____	To: _____
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Other Changes/Comments:

Other such as stipends, etc. Explain below including duration, frequency, end date, etc. Amount \$ _____

Section B - Terminations:

All terminations require a reason code; please select one from the options below. Reasons marked with an asterisk (*) are ineligible for rehire.
**Must explain below.

- Resignation (Please attach resignation)
- Retirement (Please attach letter)
- Probationary Period
- Elimination of Position
- Job Abandonment **
- Failure to Return from Leave
- No Show
- End of Temporary Employment
- Contract not Renewed
- Unsatisfactory Performance
- End of student employment
- Violation of Rules**
- Gross Misconduct*
- End of Demand
- Other**

Last Day of Work _____

Explanation _____

Section C - Approvals *Two or more levels of management approval required for all salary changes.*

Please note PARFs go to OBP (budget@mga.edu) after area VP signs and they will send to HR.

Supervisor _____	Signature _____	Date _____
Budget Manager _____	Signature _____	Date _____
Dean or AVP _____	Signature _____	Date _____
VP/Provost _____	Signature _____	Date _____
Grants (If Applic) _____	Signature _____	Date _____
Budget/Planning _____	Signature _____	Date _____
Dir, Budget _____	Signature _____	Date _____
ED, HR _____	Signature _____	Date _____
VP, FB&O _____	Signature _____	Date _____
President _____	Signature _____	Date _____

HR Use Only:

Date Received _____ Entered by _____ Date Entered _____

EMPL ID _____