



PERSONNEL ACTION REQUEST (PAR) FORM

Employee's Legal Name: _____

For UCC Office Use Only

Job ID #: _____

☐ NEW HIRE ☐ REHIRE ☐ ADDITIONAL ASSIGNMENT ☐ CHANGE - Circle Below:
Pay/Hours/Other: _____ ☐ TERMINATION ¹ ☐ LEAVE OF ABSENCE

Benefited

☐ Full-Time: 38+ hrs/week ☐ Part-Time: 30-37 hrs/week
☐ ECEC: 30+ hrs/week ☐ Part-Time: 20-29 hrs/week
☐ ECEC: 20-29 hrs/week

Non-Benefited

☐ Part-Time: Under 19 hrs/week ☐ Student of your School
☐ ECEC: Under 19 hrs/week ☐ On-Call
☐ Temporary: End Date: _____ *Must be working under 3 months*

Effective Date²: _____ **Job Title:** _____

Date Voted by Local Board: _____ **Work Location:** _____

Hours/Week or FTE: _____ **Name of Supervisor:** _____

Scheduled work days (circle) Su M Tu W Th F Sa Scheduled work hours: _____

For Termination¹/Leave of Absence Only: ¹*Terminations may be subject to vacation payout and/or a Settlement Agreement*

☐ Resignation (attach letter) ☐ Layoff/Reduction-In Force ☐ Dismissal ☐ Retirement³

☐ Other: _____ ☐ Leave of Absence Begin: _____ End: _____

²*Pay changes should have an effective date of the 16th of the month for hourly and the 1st of the month for salaried.*

³*Retirements may be subject a Retirement Allowance Payout.*

Comments: _____

Pay Rates

☐ Hourly: _____

☐ Salary: _____

OR;

Substitute Teacher Rates

☐ Certificated -
Copy of Certificate Required

☐ Non-Certificated

COMPLETION OF THIS SECTION IS REQUIRED

I understand that in addition to the wages, there are other employment expenses. HR assumes no responsibility for budget calculations.

Authorized Representative: _____
(signature) (print)

Phone number: _____ **Date:** _____

TO BE COMPLETED BY HUMAN RESOURCES:

Qualifies for: ☐ Retirement ☐ Sick Leave ☐ Vacation ☐ Medical ☐ No Benefits

Remuneration: _____ Travel: _____
☐ Life ☐ LTD ☐ Parsonage ☐ Auto ☐ Tuition Asst

Vacation Eligibility/Payout: _____ COLA: _____

Application: ☐ App ☐ Teacher App **BC/Authorization:** ☐ AR1 ☐ AR2 ☐ BC _____ OR: ☐ Parent Auth ☐ Age _____

Documents: ☐ I-9 ☐ I-9 Docs _____ ☐ DC ☐ Direct Deposit ☐ EFT **W4:** ☐ W4 - FED ☐ W4 - ID ☐ W4 - OR

☐ REF #1 ☐ REF #2 ☐ REF #3 ☐ Policy ☐ Conflict of Interest ☐ Driver's Questionnaire ☐ eAdventist.net ☐ Teaching Certification

Benefits: ☐ Sick Leave ☐ Retirement ☐ Enrolled in Bswift ☐ HCAP Verification ☐ HCAP PreTax ☐ Life Insurance Questionnaire

New Hire Corr: ☐ New Employee Information and Notices Email ☐ New Employee UCC Account Info. Email ☐ Benefits Email

Term Corr: ☐ Term Benefit Letter **Service Record:** ☐ Original Requested

_____ HR _____ Payroll _____ Bswift _____ Service Record Comments: _____

Date: _____

Human Resources Director (signature)