



PERSONNEL ASSIGNMENT REQUEST (PAR)

1. INITIATING DEPARTMENT													
DEPARTMENT:			POSITION TITLE:					NO. OF POSITIONS:					
ACTION			ASSIGNMENT TYPE (SERVICE)					UNIT		POLICY			
<input type="checkbox"/> Change Assignment <input type="checkbox"/> Extend Assignment <input type="checkbox"/> Extra Assignment <input type="checkbox"/> New Hire <input type="checkbox"/> New Position * <input type="checkbox"/> Reinstatement / Rehire <input type="checkbox"/> Stipend / Special Assignment <input type="checkbox"/> Terminate Assignment <i>* Attachment Required</i>			ACADEMIC		CLASSIFIED		UNCLASSIFIED			<input type="checkbox"/> Administrator	BP-7250		
			<input type="checkbox"/> Regular <input type="checkbox"/> Adjunct / Overload <input type="checkbox"/> Acting / Interim <input type="checkbox"/> Limited Term		<input type="checkbox"/> Regular <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary / Hourly <input type="checkbox"/> Out of Class		<input type="checkbox"/> Student Worker * <input type="checkbox"/> Tutor * <input type="checkbox"/> Professional Expert <i>* Attachment Required</i>			<input type="checkbox"/> Classified	BP-7230		
										<input type="checkbox"/> Confidential	BP-7240		
										<input type="checkbox"/> Faculty	BP-7210		
										<input type="checkbox"/> Supervisor	BP-7260		
										<input type="checkbox"/> Unclassified	BP-7270		
			POSITION HISTORY										
			Replacement For: _____ Name of person being replaced (previous incumbent).										
RECOMMENDATION													
Name: _____ Currently an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No													
First			Last			If yes, present position title: _____							
Assignment Dates: (MM/DD/Year) Begin: _____ End: _____													
FUNDING AREA		DATA TEL ACCOUNT					% DISTRIBUTION *					DEPARTMENTAL AUTHORIZATION	
		FUND	OBJECT	PROGRAM	ACTIVITY	DEPARTMENT	100	75	50	25	OTHER	SIGNATURE	DATE
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Specially Funded *						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
* Identify: <input type="checkbox"/> Cal Works <input type="checkbox"/> Federal Work Study (aka College Work Study)						* Percent must total 100.							
Comments:													

2. ADMIN. APPROVAL
Supervising Administrator
Date

3. BUSINESS OFFICE			
BUDGET STATUS		CONTROL NO.	FUNDING AUTHORIZATION
<input type="checkbox"/> Valid Account / Adequately Funded <input type="checkbox"/> Budget Transfer Required <input type="checkbox"/>			Business Office _____ Date _____
			CBO _____ Date _____
PeopleSoft Account: _____			

4. HUMAN RESOURCES							
WORK LOCATION NO.		JOB CLASS NO.		ASSIGNMENT BASIS		MINIMUM QUALIFICATIONS	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> 12 Month <input type="checkbox"/> 11 Month <input type="checkbox"/> 10 Month		<input type="checkbox"/> Yes <input type="checkbox"/> No WORK CALENDAR CODE:	
Appointee:		Date Filled:		Pay Schedule:		Range / Column:	
Status:		Start Date:		Step:		Day Basis:	
EMPLOYMENT AUTHORIZATION				Comments:			
Dean, Human Resources _____				Date _____			