



PERSONNEL ASSIGNMENT REQUEST (PAR)

1. INITIATING DEPARTMENT													
DEPARTMENT:				POSITION TITLE:						No. of Positions:			
ACTION		ASSIGNMENT TYPE (SERVICE)								UNIT		POLICY	
<input type="checkbox"/> Change-Account <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"/> 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			
		<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>					
		POSITION HISTORY Replacement For: _____ <small>Name of person being replaced (previous incumbent).</small>											
RECOMMENDATION													
Name: _____ Currently an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>First Last</small> If yes, present position title: _____													
Assignment Dates: (MM/DD/Year) Begin: _____ End: _____													
DATA TEL ACCOUNT						% DISTRIBUTION *					DEPARTMENTAL AUTHORIZATION		
FUND	RESOURCE	GOAL	FUNCTION	OBJECT	ACTIVITY	100	75	50	25	OTHER	SIGNATURE		DATE
<input type="checkbox"/> Cal Works <input type="checkbox"/> Federal Work Study (aka College Work Study)						* Percent must total 100.							
Comments:													
2. ADMIN. APPROVAL		3. BUSINESS OFFICE											
Supervising Administrator Date		BUDGET STATUS						CONTROL No.		FUNDING AUTHORIZATION			
		<input type="checkbox"/> Valid Account / Adequately Funded <input type="checkbox"/> Budget Transfer Required <input type="checkbox"/> Other								Business Office _____ Date _____			
		Business Office Notes:								CBO _____ Date _____			
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:			ENTERED BY / DATE	
Status:			Start Date:			Step:			Day Basis:				
EMPLOYMENT AUTHORIZATION						Comments:							
Dean, Human Resources _____						Date _____							