

Personnel Action Request (PAR)

General Information			
Employee Name (Last, First Middle Initial):		Employee ID Number:	

Transfer (Out Going)			
Effective Date:		Requisition:	

Change in Account Number Due to Budget Re Org.			
Effective Date:		Current Account #	
		Future Account #	

Change in Percentage			
Effective Date:		<input type="checkbox"/> Increase FTE	<input type="checkbox"/> Reduce FTE from % to %

Promotion/Demotion <i>(If for Demotion, attach Notification letter)</i>			
Effective Date:		Hour Base Work Week:	<input type="checkbox"/> 8 Hour <input type="checkbox"/> 12 Hour <input type="checkbox"/> Other
Payroll Title:	Title Code:	Account Name:	Account Number:

Separation <i>(Attach copy of Resignation Letter or Dismissal letter)</i>			
Separation Effective:		Please Check One:	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination
Last Day Worked:	Last Day on Pay Status:	Eligible for Re-hire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(To be used only for dismissals and settlement agreements)</i>			
HBS Timesheet Submitted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requisition:	
Resignation/Separation Codes:	Codes AA-CL: Choose an item.	Codes DA-RF: Choose an item.	
Refer to Health Offboarding Process at: http://hr.uclahealth.org/body.cfm?id=240			

Extended Leave of Absence			
New Anticipated Return to Work Date:		Do you have a Doctor's Note? If Yes, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of LOA:	<input type="checkbox"/> Leave with pay <input type="checkbox"/> Leave without pay	Type of Leave:	

Return from Leave			
Leave of Absence Type:			
Return to Pay Status Date:		Return to Work Status Date:	

Other	
Effective Date:	Description:

Prepared By _____ Date _____ Extension _____

Approved By _____ Date _____ Extension _____

Please submit this form by e-mail to your Workforce Analyst/HR Representative for processing.