**BERNALILLO PUBLIC SCHOOLS**

**Office of Human Resources**

**PERSONNEL ACTION REQUEST (PAR) FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | SS Number: | XXX-XX- |  |  |
| Location: |  | Position |  |  |
| DAC/Department: |  |  |  |
| **[ ]**  | Change in Position | **[ ]**  | Change in Line item | **[ ]**  | New Position Request**Title**: |
| **[ ]**  | Change in Location | **[ ]**  | Change in Fund | **[ ]**  | Position Deletion Request**Title:** |
| **[ ]**  | Change in Days  | **[ ]**  | Change in Starting Date | **[ ]**  | Position Vacancy Posting RequestOther:  |
| **[ ]**  | Change in Salary | **[ ]**  | Addenda: Stipends | **[ ]**  | Other:  |
| **[ ]**  | Change in Level | **[ ]**  | Supplemental Pay (Hourly) |  |  |
| **Required to be completed for Hourly/Daily Pay Requests** |
| **Total Not to Exceed:** | **Total # of Days/Hrs to be Worked:**  | **Estimated Project End Date:** |

|  |  |
| --- | --- |
| From Account: |  |
| To Account: |  |

**Justification:** ***(Administrator Initiating Change Please Complete)***

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| --- |
|  |

For Stipends: **[ ]**  Timesheet **[ ]**  Paid Through Year **[ ]**  Paid In Two Installments **[ ]**  Lump Sum

|  |
| --- |
|  |
| Effective Date: |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Administrator or Fund Manager |  | Date |

*For Internal Use Only*

Date PAR Number

|  |  |  |
| --- | --- | --- |
|  |  |  |