**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 Request  Other: | | | |
|  | 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

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|  |
| Effective Date: |

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

*For Internal Use Only*

Date PAR Number

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