

# Virginia Wesleyan University Personnel Action Request Form (PAR)

Employee Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

**TYPE OF ACTION:**

New Hire      First Day Worked: \_\_\_\_\_

Rehire

Change

Termination      Last Day Worked: \_\_\_\_\_

**SCHEDULE: (Check all that apply)**

Full-time

Part-time

Temporary

ITEM

FROM

TO (Include New Hires)

POSITION		
DEPARTMENT		
SALARY		
HOURS PER WEEK		
EXEMPT (No Overtime) or NON-EXEMPT (Overtime)		
OFFICE LOCATION and PHONE		

Reason/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete only what applies to the current situation and forward completed form to Human Resources. Thank you.*