Middle Georgia State University
Personnel Action Request Form (PARF)

A background check must be completed before a PARF is submitted. If a background check has not been done, please contact HR.

Part 1: General Information *(please complete)*

Employee Name *Last* _____ *First* _____ *Middle* _____

Employee Email Address: _____

Employee Mailing Address: _____

Part 2: Type of Employee Change

☐ New Hire (Sections A, C)
☐ Rehire (Sections A, C)
☐ Other Change - Transfers, reclassifications, salary adjustments, etc. (Sections A, C)
If a transfer within USG, what institution: _____
☐ Terminations - Including Retirements (Sections B, C)

Part 3: Department/Position Information (*please complete*)

Department Name _____ Department Number _____ Discipline (Faculty) _____

Position Title _____ Position Number _____ Home Campus Location _____

◯ 10 Month Faculty ◯ 12 Month Faculty ◯ 10 Month Staff ◯ 12 Month Staff ◯ Student Assistant ◯ Federal Work Study Student

Please select all that apply:

◯ Exempt (Monthly (M)) ◯ Non-Exempt (Bi-Weekly (BW))
◯ Regular ◯ Temporary
◯ Full-Time (FT) ◯ Part-Time (PT)
If temporary, # of months _____
If Part-Time, # of hours/wk (max of 19 PT, 16 FWS) _____

Section A: Offer/Personnel Change Letter Information (*please complete*)

Effective Date: _____ Pay Rate - Annually -FT M & BW - _____ Pay Rate - Hourly - PT, SA & FWS $ _____

Conversions to be done by OBP Pay Rate - Hourly - FT BW $_____ Pay Rate -Monthly - FT M $ _____

Reports To *(Responsible for evaluations)* _____

Supervisor *(Responsible for approving time card)* _____

Department Change	From:	To:
Title Change	From:	To:
Salary Change	From:	To:
Reason for Change (Adjustment, Promotion, Other)		
Funding Change	From:	To:
Campus Change	From:	To:

Other Changes/Comments:

Other such as stipends, etc. Explain below including duration, frequency, end date, etc. Amount $ _____

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Section B - Terminations:

All terminations require a reason code; please select one from the options below. Reasons marked with an asterisk (*) are ineligible for rehire.
**Must explain below.

- ◯ Resignation (Please attach resignation)
- ◯ Retirement (Please attach letter)
- ◯ Probationary Period
- ◯ Elimination of Position
- ◯ Job Abandonment **
- ◯ Failure to Return from Leave
- ◯ No Show
- ◯ End of Temporary Employment
- ◯ Contract not Renewed
- ◯ Unsatisfactory Performance
- ◯ End of student employment
- ◯ Violation of Rules**
- ◯ Gross Misconduct*
- ◯ End of Demand
- ◯ Other**

Last Day of Work _____

Explanation _____

Section C - Approvals

Two or more levels of management approval required for all salary changes.

Please note PARFs go to OBP (budget@mga.edu) after area VP signs and they will send to HR.

Supervisor	_____	Signature	_____	Date	_____
Budget Manager	_____	Signature	_____	Date	_____
Dean or AVP	_____	Signature	_____	Date	_____
VP/Provost	_____	Signature	_____	Date	_____
Grants (If Applic)	_____	Signature	_____	Date	_____
Budget/Planning	_____	Signature	_____	Date	_____
Dir, Budget	_____	Signature	_____	Date	_____
ED, HR	_____	Signature	_____	Date	_____
VP, FB&O	_____	Signature	_____	Date	_____
President	_____	Signature	_____	Date	_____

HR Use Only:

Date Received _____ Entered by _____ Date Entered _____

EMPL ID _____