

# 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)       Other Change - Transfers, reclassifications, salary adjustments, etc. (Sections A, C)       Terminations - Including Retirements (Sections B, C)  
 Rehire (Sections A, C)      *If a transfer within USG, what institution:* \_\_\_\_\_

**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))       Regular       Full-Time (FT)      *If temporary, # of months* \_\_\_\_\_  
 Non-Exempt (Bi-Weekly (BW))       Temporary       Part-Time (PT)      *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 \$ \_\_\_\_\_

**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 \_\_\_\_\_