

# Georgia Health Sciences University Personnel Action Request (PAR)



Appointment  
  Termination  
  Retirement  
  Exempt Extra Pay  
  Non-Renewal  
  Change (Type) \_\_\_\_\_  
**Faculty:**  Yes  No  
 **Employee ID** \_\_\_\_\_  
 **Effective Date** \_\_\_\_\_  
 **Date Submitted** \_\_\_\_\_

## Personal Data

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gen \_\_\_\_\_  
 Name as shown on SS Card \_\_\_\_\_ (for HR USE ONLY)  
 Home Address (1) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address (2) \_\_\_\_\_  
 (for foreign nationals and those with temporary mailing addresses)

## Personal Profile

Education Level \_\_\_\_\_ Full Time Student  Yes  No  
 Gender  Male  Female  
 Relative Employed at MCG  Yes  No  
 Employee Type \_\_\_\_\_ MCG Badge # \_\_\_\_\_  
 Email \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Work Location  Campus  Other \_\_\_\_\_

## Eligibility/Identity

Birthdate \_\_\_\_\_  
 Citizenship Status \_\_\_\_\_  
 Ethnic Group \_\_\_\_\_  
 Military Status \_\_\_\_\_  
 SSN \_\_\_\_\_

## Campus Contact Information

Campus Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ Pager \_\_\_\_\_

## Off-Campus Contact Information Complete for Clinical/Adjunct or Affiliated

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

## US Citizen

Yes (by birth) or  Naturalization  No  
 Naturalization Number \_\_\_\_\_ Date \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 If No, Country \_\_\_\_\_ Code \_\_\_\_\_  
 Type Visa \_\_\_\_\_ Conversant in English \_\_\_\_\_  
 Date FIRST entered the U.S. \_\_\_\_\_

## Job Data

Department Name \_\_\_\_\_ Department ID Number \_\_\_\_\_ BCAT \_\_\_\_\_  
 Position# \_\_\_\_\_ Job Title \_\_\_\_\_ Wk Com (EFT) \_\_\_\_\_ Comp Type \_\_\_\_\_ Comp Rate \_\_\_\_\_  
 If Termination: Reason for Termination \_\_\_\_\_ Temp Term Date \_\_\_\_\_ Recommended for re-employment? \_\_\_\_\_  
 Clin/Adj Date \_\_\_\_\_ LOA Only: Last Date Worked \_\_\_\_\_ Expected Return Date \_\_\_\_\_  
 Retirement Date \_\_\_\_\_ Part-time Retiree Appointment: Begin \_\_\_\_\_ End \_\_\_\_\_

Acknowledgement of Compliance to  
 BOR Policy 802.0903 -  
 Employment Beyond Retirement

## Salary Distribution Information

Fund	Dept ID	Program	Class	Project   Grant			Account	Distribution	Annual Amount	EFT
				Project ID	Start Date	End Date				
Comments:				Exempt Extra Pay:	Start Date	End Date	Total Distribution = 1.00			
				One Time Payment:			Fringe Benefits			
				Additional Pay:			Total MCG Salary			
VA Pay				+ VA Special Pay	x VA Effort		= VA Total Salary			
<input type="checkbox"/> Check if using Salary Distribution Addendum   <a href="#">Click here for open Addendum</a>						Total MCG and VA Salary				

<b>Authorization</b> Requestor/Ext. _____ Department Head _____ Sponsored Accounting _____ <b>PAR Routing (HR use only)</b> Class/Comp _____ Benefits _____ Budget _____ Payroll _____ Employment _____ FacAffs _____	<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Authorization</th> <th style="text-align: left;">Date</th> </tr> <tr> <td>Chair of Joint Dept, Dean of Joint School to sign on same line as Primary</td> <td>_____</td> </tr> <tr> <td>Chair or Dean/Director, Assoc VP, VP to sign on line for Chair or Dean.</td> <td>_____</td> </tr> <tr> <td>Section Chief(s) _____</td> <td>_____</td> </tr> <tr> <td>Chairperson(s) _____</td> <td>_____</td> </tr> <tr> <td>Dean(s) _____</td> <td>_____</td> </tr> <tr> <td>Provost _____</td> <td>_____</td> </tr> <tr> <td>President _____</td> <td>_____</td> </tr> </table>	Authorization	Date	Chair of Joint Dept, Dean of Joint School to sign on same line as Primary	_____	Chair or Dean/Director, Assoc VP, VP to sign on line for Chair or Dean.	_____	Section Chief(s) _____	_____	Chairperson(s) _____	_____	Dean(s) _____	_____	Provost _____	_____	President _____	_____
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Dean(s) _____	_____																
Provost _____	_____																
President _____	_____																

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gen \_\_\_\_\_

**Previous Faculty Appointment**  Yes  No

If yes, date from \_\_\_\_\_ to \_\_\_\_\_

Appointment Date \_\_\_\_\_

Applicant Clearinghouse Number (ACH#) \_\_\_\_\_

Appointment Type \_\_\_\_\_

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

Contract Type \_\_\_\_\_ Contract Year \_\_\_\_\_

Years verified (Curriculum Vitae)  Yes  No

**Drug Screening**

Required if percent effort includes patient care (paid faculty only)

Required  Yes  No

Report  Pending  Completed/Date \_\_\_\_\_

Agency \_\_\_\_\_

**Tenure Data**

N1-on track PCT \_\_\_\_\_

N2-non-tenure track

N3-not eligible

TO-tenure upon appt

Tenure Status Date \_\_\_\_\_

**Time Commitment**

Current Change

MCG \_\_\_\_\_

VAMC \_\_\_\_\_

Aff Site \_\_\_\_\_

Total \_\_\_\_\_

Classified \_\_\_\_\_

**Affiliated Data**

Yes  No If yes, site \_\_\_\_\_

VAMC Appt Date \_\_\_\_\_

Location (clin/adj) \_\_\_\_\_

Primary Dept Type  C  B

**Breakdown of Effort**

Academic \_\_\_\_\_

Admin \_\_\_\_\_

Research \_\_\_\_\_

Pat Care/Srv \_\_\_\_\_

Total \_\_\_\_\_ (must=1.00)

If academic %>"0" include teaching expertise:

**Ranks/Titles** BCAT Associated with Primary Rank/Title in Job Data (1st page of PAR)

Approved Faculty Ranks/Title	Approved Administrative/Academic Unit	Approved Section
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Center/Institutes**

Approved Title Center/Institute	Approved Center/Institute	Center/Institute Assignment Date

**Degrees** Highest Degree Verified  Yes  No (Note: Line 1 reserved for Highest Degree)

Degree	*	CAT	Year	CIP Code	Major	FICE Code	Institution/Branch

Submitted to the Board of Regents. Board Date: \_\_\_\_\_

Administrative Approval Recommended.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gen \_\_\_\_\_

**Change to Non-Tenure Track Classification**

I, the undersigned, request my present position be reclassified as a non-tenure track position, I make this request freely and voluntarily, without any assurance of my retention, promotion, or reward by my superiors or others at this institution and understand that this request may or may not be approved. I have received a copy of the Board of Regents Policy (#803.10) for non-tenure track.

Faculty Member Requesting Change(\*) \_\_\_\_\_ Date \_\_\_\_\_

**Leave of Absence Agreement (\*Current Faculty Member Signature Required)**

I, the undersigned petitioner for leave, do hereby agree that I will return the full amount of compensation received from the Institution as well as any other expenses paid by the University System of Georgia while on leave, if I should not return to the Institution after the termination of my leave for (check applicable statement):

At least 1 year of service for leave less than 1 year; or

At least 2 years of service for leave that is 1 year or more.

Total Compensation/Expenses: \_\_\_\_\_ To be paid to MCG if faculty terminates prior to \_\_\_\_\_

Faculty Member Requesting Change(\*) \_\_\_\_\_ Date \_\_\_\_\_

\* Include Salary Distribution

**Leave of Absence Recommendation**

Without Pay                      LOA Purpose \_\_\_\_\_ LOA State \$ \_\_\_\_\_

\*With Pay                      LOA Date From \_\_\_\_\_ LOA Spon \$ \_\_\_\_\_

LOA Date To \_\_\_\_\_ LOA Other \$ \_\_\_\_\_

**Extra Duty Compensation for Faculty Employed by the Medical College of Georgia**

I, the undersigned, have reviewed and concur with the extra duties and compensation to be paid as justified below and outlined in the PAR.

Faculty Member Recommended to Receive Extra Compensation \_\_\_\_\_ Date \_\_\_\_\_

**Brief Recommendation/Justification Details**