



INSTITUTE OF AMERICAN INDIAN ARTS

PERSONNEL ACTION REQUEST (PAR)

NAME _____ Emp. # _____ Date _____
Last First Obtained from HR Dept.

ADDRESS _____ TEL. #: _____

NEW HIRE: Start Date _____ End Date _____

Initial Employment Rehire Regular Full-time *Temporary *Part-time

New Position Job Title: _____ Replacement for: _____

Exempt Non-Exempt Salary Annual _____ Hourly _____

Hours per Week: _____ Department: _____ Department Code _____

CHANGE: Effective Date _____ Dept. Code Change (from) _____ (to) New Code _____

Title Change (If applicable) _____ Current Salary _____ New Salary _____

New Status: Exempt Non-Exempt Full-time Part-time Regular Temporary

New Name _____ New Supervisor _____

New Address _____ New Tel: _____

END OF EMPLOYMENT: Effective Date _____

Resigned* Retired Dismissed Laid-off Deceased Other _____

Additional Information _____ Accrued Vacation _____

Forwarding Address (if changed) _____

Close-out Meeting Cobra Notification Advised to contact 403b Representative

* Resignation Letter MUST be attached.

SIGNATURE/APPROVALS:

Supervisor _____ Date _____

Human Resources _____ Date _____

(If Appropriate) Finance Dept. _____ Date _____

(If Required) President _____ Date _____

(Only w/ Presidents OK) Employee _____ Date _____

Comment/Notes: _____
