



INSTITUTE OF AMERICAN INDIAN ARTS
PERSONNEL ACTION REQUEST (PAR)

NAME Last First EMP# DATE
Obtained from HR Dept.
ADDRESS TEL. #:

NEW HIRE: Start Date End
Initial Employment Rehire Regular Full-time *Temporary *Part-time
New Position Job Title: Replacement for:
Exempt Non-Exempt Salary Annual Hourly/Bi-Weekly
Hours per Week: Department: Department Code:

CHANGE: Effective Date Dept. Code 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

COMMENTS: