



NC DEPARTMENT OF PUBLIC SAFETY
Personnel Action Request (PAR)

Revised: 06/19/2014

(Last Name)

(First Name)

(Middle Name)

(Personnel ID)

(Work Location)

(Current Position Classification)

Date Form Completed

Completed By:

Select the action(s) requested and attach supporting documentation indicated.

1. Personnel Action Submit to DPS HR Office or Regional Employment Office. Effective Date

Personnel Action
Dates Position Posted From To Name of EE Replaced

Complete Section (A) and (B) if transferring within DPS. For other actions (New Hires, Reinstatements, Reinstatements from LOA, Transfers from Other State Agencies, Status Changes), complete only section (B).

A. Present Information

(Appointment Type) Status

(Temporary or Time-Limited Appt Only) Hours (Per Week) Duration (# of Months)

Position Classification

Banded Level or Grade

Position Number

From Location

Present Annual Salary \$

Radio buttons for Increase/Decrease Now and Later with dollar and percent signs.

B. Proposed Information

(Appointment Type) Status

(Temporary or Time-Limited Appt Only) Hours (Per Week) Duration (# of Months)

Position Classification

Banded Level or Grade

Position Number

To Location

Proposed Annual Salary \$

New Work Schedule Rule

New Working Week

2. Leave of Absence (LOA) Fax the completed PAR and other applicable documents/information to the fax number listed with the action selected in the drop-down list. Leave of Absence Request form signed by the supervisor should accompany LOA package, along with any supporting documentation.

Last Workday Expected Date of Return

Reason

3. Separations Fax the completed PAR to the fax number listed with the action selected in the drop-down list. Leave cannot be exhausted after last workday unless separating due to RIF, retirement, transfer to another State Agency, or management approved ER matters. Attach a copy of resignation, if applicable.

(Last Workday) (Effective Date) (Reason)

Vacation Balance Sick Balance Bonus Leave Balance CSL Balance

Comp Time Balance Military Lv Balance AWL Balance Holiday(s) Due

FML Effective Date FML Balance FIL Effective Date FIL Balance

Comments:

Large empty box for comments.

(Supervisor/Manager Signature)

(Date)

(Division Director (or Designee) Signature)

(Date)