NC DEPARTMENT OF PUBLIC SAFETY

Personnel Action Request (PAR)

Revised: 06/19/2014

Print Form

(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 $ _____

○ Increase ○ Decrease Now $ _____ % _____

○ Increase ○ Decrease Later $ _____ % _____

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:

(Supervisor/Manager Signature) _____ (Date) _____ (Division Director (or Designee) Signature) _____ (Date) _____