The Instructional Personnel Action Request Form (PAR) is to be used for **all Full-Time Faculty Personnel Transactions**. In addition, it is to be used for those **Temporary Personnel Transactions that cannot be processed through the PeopleSoft Part-Time Faculty or Student Hiring Modules**. The form must be signed by at least two approvers (normally, the Department Chair and the College Dean or DFO). With the exception of a PAR for a new FT/Tenure Track Faculty, PARs are to be forwarded to the Office of Human Resources for review and processing; completed PARS for new FT/Tenure Track Faculty should be forwarded along with the complete Hiring Packet to Faculty Affairs for review and approval.

Line #	Item	Instructions
1	**College/Division**	Enter the name of the College or Division.
1	**Date**	Enter today's date. This should be the date the form was prepared.
2	**Empl ID #**	Enter the Faculty member's 9-digit PeopleSoft ID Number. If the faculty member is a new employee, or is not currently in the PeopleSoft system, enter "NEW" in this section.
2	**Record #**	Enter the Employee's corresponding PS Record Number.
2	**Empl Position #**	Enter the Employee's Position Number from Manager's Workbench that corresponds to the New/Changed Information. If a position number does not exist, write "New".
3	**First Name**	Enter the full, legal First Name as it appears on the Social Security Card (do not use nicknames or abbreviated names).
3	**MI**	Enter the Middle Initial, if any.
3	**Last Name**	Type in the full, legal Last Name as it appears on the Social Security Card.
4	**Reports to (name)**	Enter the name of the faculty member's direct supervisor.
4	**Reports to (position #)**	Enter the position number of the faculty member's direct supervisor.
5	**Action Requested**	Indicate the specific type of transaction that is being requested (e.g., appointment, reassignment, timebase change, promotion, resignation, retirement, retroactive correction, etc.). Provide as much detailed information as you can to assist Academic Personnel/Operations to determing what you are trying to accomplish. Please refer to PAR samples provided or your Ops Technician for assistance. If a retirement or separation, note and discuss with Payroll any payout issues in advance.
6	**Employee Type**	Check the appropriate box or boxes to indicate the faculty member's status on the effective date of this transaction.
7	**Current Classification/Grade**	Indicate the faculty member's current job classification (Professor, Dept Chair, Lecturer, Teaching Associate, Graduate Assistant, etc.) and grade (A,B,C,D) when appropriate.
7	**Academic Year/12-month/Monthly**	Indicate which job status the faculty member currently holds.
7	**Current Department**	Indicate the faculty member's Department or Work Location prior to this transaction.
8	**New/Changed Classification**	Enter the faculty member's new payroll classification after this transaction, even if not different from current classification. For Example: An Associate Professor AY (current classification) promoted to Professor AY (new classification). See CSU Salary Schedule for Unit-3 Faculty Job Classifications.
8	**Academic Year/12-month/Monthly**	Indicate which job status the faculty member will hold after this transaction, even if not different from current status.
8	**New/Changed Department**	Enter the faculty member's new department/work location after this transaction, even if not different then current department.
9	**Current Dept ID**	Enter the faculty member's current 5-digit Department ID.
9	**Current Job Code**	Enter the faculty member's current 4-digit Job Code (Payroll Classification Code).
9	**Current Appt/Leave End Date**	Enter the current Appointment End Date or current Leave End Date, as appropriate. Leave blank for new employees. The appointment end date for Tenure-track faculty is INDEF (indefinite) unless they are on leave and have a Leave End Date instead.
9	**Current Rank**	Enter the current faculty rank (0, 1, 2, 3, 4, or 5). Professor, Librarian, and Lecturer D = Rank 5; Associate Professor, Assoc Librarian, and Lecturer C = Rank 4, etc. Refer to CSU Salary Schedule for rank options within each Job Code.

Line #	Item	Instructions
9	**Current Paid Units**	Complete for Temporary/Part-Time Faculty and TA's only. Enter the number of units for which the faculty member is being paid before this transaction takes place. Paid Units can only be to the tenth decimal.
9	**Current Time Base**	Enter the current timebase in effect before this transaction takes place. For **part-time faculty** (fewer than 14.9 paid units) **enter the timebase as a fraction** (3/15, 12/15, etc.). For **full-time faculty** (14.9 or 15 paid units), **enter 1.0**. The timebase will be converted to a 2-digit decimal (.20, .80, .33, etc.) on the PAR, but the Actual Salary will be calculated automatically by multiplying the fraction times the full-time rate of pay. It is important to enter the fraction rather than the 2-digit decimal since the fraction may result in a decimal of more than 2-digits (e.g., 1/3 = .33333...). The Actual Salary must be calculated using the fraction in order to be accurate. Refer to the Timebase Fraction Table for Payroll Fractions.
9	**Current Base Salary**	Enter the current full-time monthly rate of pay. This is the salary the faculty member would receive if full-time.
9	**Current Actual Salary**	The Actual Salary will populate automatically if the timebase has been keyed as a fraction (less than full-time) or 1.0 (full-time) and the full-time rate of pay has been entered in the Base Salary field. Hourly Intermittent Salaries must be entered manually.
10	**New/Changed Dept ID**	Enter the 5-digit Department ID code that will be in effect upon implementation of this transaction, even if there is no change from current Dept ID.
10	**New/Changed Job Code**	Enter the 4-digit CSU Job Code that will be in effect upon implementation of this transaction (e.g., 2358 for Lecturer AY, 2360 for Tenure-Track Faculty, etc.), even if there was no change from previous Job Code.
10	**Effective Date**	Enter the effective date of this transaction. For new or continuing faculty (appointments, leaves, reassignments, timebase changes, etc.), this would be the first day of their new or changed status (Beginning of Business). For separating faculty (separations, resignations, and retirements), this would be the last day they will be in their current status (Close of Business).
10	**New/Changed Appt/Leave End Date**	This should be the last day of the Temporary Appointment or Leave (if on leave status). All Temporary Appointments and all Leaves must have an ending date. Enter INDEF (indefinite) for probationary or tenured faculty unless on leave.
10	**New/Changed Rank**	Enter the rank code (0, 1, 2, 3, 4, or 5) that will be in effect upon implementation of transaction, even if not different from current Rank. Refer to CSU Salary Schedule for rank options within each Job Code.
10	**New/Changed Paid Units**	For Part-Time Faculty Only. Enter the number of units for which the faculty member is to be paid upon implementation of this transaction, even if no different from current Paid Units. Can only go to tenths of units.
10	**New/Changed Time Base**	Enter the timebase as a fraction (3/15, 12/15, etc.) for part-time faculty. Enter 1.0 for full-time faculty.
10	**New/Changed Base Salary**	Enter the Base Salary (full-time rate of pay) that will be in effect upon implementation of transaction.
10	**New/Changed Actual Salary**	The Actual Salary will populate automatically if the timebase has been keyed as a fraction (less than full-time) or 1.0 (full-time) and the full-time rate of pay has been entered on the PAR. For faculty on Difference-in-Pay Leaves, the Actual Salary will need to be manually entered (Regular AY Base Salary minus the full-time rate for Rank 2, minimum of salary range, which can be found on the Rank 2 salary schedule.
11	**See Above**	Complete only if the individual has two concurrent positions.
12	**See Above**	Complete only if the individual has two concurrent positions.
	Approvals	Each PAR must be signed by at least two approvers. Normally, these would be the Department Chair and the College DFO or Dean.
13	**Remarks**	For Human Resources use only.

Submit Personnel Action Request Forms (PAR's) to Human Resources for the following **Full-Time Faculty** transactions using the effective dates indicated below. PARs should be submitted **30 days prior to the beginning of a semester and not later than August 1st** to ensure processing for the September pay period for AY employees.

PARS Needed to Wrap up Prior Academic Year	
Transaction Type	**Comments**
Return from Leave without Pay	Indicate the Effective Date of return from Leave. Those who worked the previous Fall and were on leave in the Spring must be returned on August 1 to receive a Full August warrant (the 6th warrant from the previous Fall).
Return from Difference in Pay (DIP) or Irregular Sabbatical Leave	PARs required for returns from DIP or Irregular Sabbaticals. No PAR needed for returns from Regular (Full) Sabbaticals - HR will process these returns centrally.
Retirements * -Will Not FERP (1 of 1) -Retire Will FERP (1 of 2)	Effective Date of Separation must be prior to 1st day of new AY or Semester and should be at least one day before the PERS Retirement Date.* Attach documentation and indicate on the PAR whether or not the person will participate in FERP.
Separation / Resignation *	Attach Copy of Resignation Letter.*
Completing 5 Years of FERP	Attach Copy of Resignation Letter.*

PARS Needed for the Upcoming Fall Semester and Academic Year	
Transaction Type	**Comments**
New Appointments (Temporary and Tenure Track)	Indicate # of yrs credit granted toward tenure; and any outstanding visa or degree requirements on PAR. This PAR type to be sent with Hiring Packet, including Verification of Degree to Faculty Affairs.
Temporary Transition or Reappointments	Indicate Reason for Change, Duration of Appointment and appropriate Appt End Date. Includes transition to 2361 (12mo), 2387 (GRIF), etc.
Begin Leave without Pay	Indicate the anticipated Leave End Date on PAR and whether a Professional or Personal Leave. Attach copy of approved application.
Begin Sabbatical -Regular Sabbatical -Difference in Pay Sabbatical / DIP	Indicate type of Sabbatical per Sample. DIP Leave salary must be manually calculated to accommodate current minimum rate of AY Instructor (Rank 2).
FERP Appointment -New 50/50 -New or Continuing Fall Only, Spring Only, or Other	Beginning or Returning FERP Participation. New PARs should be submitted along with Retirement PAR. FERPers teaching Fall Only, Spring Only or Other, require a PAR at the beginning of each term they will be teaching. FERPers teaching Other require a PAR to separate at end of each term or period.
Reassignments	AY to 12 mo & 12 mo to AY, etc. Faculty Affairs will prepare the PARs for all incoming and outgoing Chairs. Indicate if transferring prior to Retirement/FERP.

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INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____ Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____

   First Name   MI   Last Name

4. Reports to (name): _____ Reports to (position #): _____

5. Action Requested: **Return Faculty Member from:**

   ☐   **Difference in Pay (DIP) Leave**

   ☐   **Iregualr Sabbatical (split AY's, etc.)**

6. Comments (Optional): _____

_____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:						
	Name (Please Type or Print):	Signature:		Date:	Extension:	Mail Drop:
Prepared By:						
Dept Chair:						
Dean/DFO:						
FA (Optional):				Date To HR OPS:		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:		Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:		Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:		Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:		FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:		Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

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INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____ Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____

    First Name   MI   Last Name

4. Reports to (name): _____ Reports to (position #): _____

5. Action Requested: **Returning from Leave Without Pay.**

6. Comments (Optional): _____

_____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			Date To HR OPS:		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

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13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:			Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:			Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:			Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:			FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:			Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

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INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____   Date: _____

2. Empl ID #: _____   Record #: _____   Empl Position #: _____   Dept ID # _____

3. Name: _____ _____ _____
   First Name   MI   Last Name

4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested: **Faculty member retiring effective _____ close of business. Will NOT participate in FERP.**

6. Comments (Optional): _____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			Date To HR OPS:		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:			Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:			Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:			Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:			FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:			Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

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1. College/Division: _____ Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____
        First Name   MI   Last Name

4. Reports to (name): _____ Reports to (position #): _____

5. Action Requested: **Faculty member retiring effective _____ close of business (PAR 1 of 2).**

   Will participate in FERP 20_____-20_____ through 20_____-20_____. (See PAR 2 of 2, attached).

   ☐**Will teach 50% each Fall and Spring semesters.**

   ☐**Will teach 100% each Fall**

   ☐**Will teach 100% each Spring**

6. Comments (Optional): _____

_____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):				**Date To HR OPS:**	

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:			Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:			Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:			Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:			FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:			Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

CSUN | HUMAN RESOURCES   INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____   Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____
   First Name   MI   Last Name

4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested: **Faculty member resigned. Last day physically worked was _____.**

   Copy of resignation letter, and Separation & Clearance forms attached.

6. Comments (Optional): _____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			Date To HR OPS:		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:			Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:			Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:			Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:			FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:			Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

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INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____ Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ ____ _____
   First Name   MI   Last Name

4. Reports to (name): _____ Reports to (position #): _____

5. Action Requested: **Faculty member completed five (5) years of FERP. Last day physically worked was _____.**

   Parts 1 & 2 of Separation & Clearance forms attached.

6. Comments (Optional): _____
_____
_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			Date To HR OPS:		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:	Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:	Effective Date:	
Appt End:			Last Day Worked:		Payroll Return:	Empl Class:	
AM Pay Group:			Prob Code:		Prob End Date:	Anni Date:	
Appt Duration:			Ret Code:		Sabb Elig Date:	DIP Elig Date:	
FMI Amt:			FERP End Date:		Remaining SSI's:	Final Anni Date:	
PRTB End Date:			Visa Type:		Visa Exp Date:	2481 AdminFrac:	

Ops Input:

Ops Audit:

INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

CSUN. | HUMAN RESOURCES

1. College/Division: _____ Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ ____ _____
   First Name   MI   Last Name

4. Reports to (name): _____ Reports to (position #): _____

5. Action Requested: **Hiring new tenure track faculty member beginning _____.**

6. Comments (Optional): _____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			Date To HR OPS:		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:		Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:		Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:		Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:		Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:		Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:		FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:		Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

1. College/Division: _____ Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____

     First Name   MI   Last Name

4. Reports to (name): _____ Reports to (position #): _____

5. Action Requested: **Re-appointment or transition of faculty member / provide description.**

                        IMPORTANT: Indicate duration of temp appointment and appropriate end date.

6. Comments (Optional): _____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			**Date To HR OPS:**		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:			Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:			Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:			Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:			FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:			Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

CSUN | HUMAN RESOURCES

INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____   Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____
   First Name   MI   Last Name

4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested: **Faculty member beginning leave without pay.**

   IMPORTANT: Indicate if personal or professional leave, anticipated date of return. Attach copy of approved application.

6. Comments (Optional): _____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:						
	Name (Please Type or Print):	Signature:		Date:	Extension:	Mail Drop:
Prepared By:						
Dept Chair:						
Dean/DFO:						
FA (Optional):				**Date To HR OPS:**		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:			Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:			Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:			Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:			FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:			Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

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INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____ Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____
   First Name   MI   Last Name

4. Reports to (name): _____ Reports to (position #): _____

5. Action Requested: **Faculty member beginning sabbatical leave.**

   ☐ **Sabbatical = 1 Semester at Full Pay**

   ☐ **Sabbatical = AY at Half Pay**

6. Comments (Optional): _____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:					
	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			**Date To HR OPS:**		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:	
Appt End:		Last Day Worked:		Payroll Return:		Empl Class:	
AM Pay Group:		Prob Code:		Prob End Date:		Anni Date:	
Appt Duration:		Ret Code:		Sabb Elig Date:		DIP Elig Date:	
FMI Amt:		FERP End Date:		Remaining SSI's:		Final Anni Date:	
PRTB End Date:		Visa Type:		Visa Exp Date:		2481 AdminFrac:	

Ops Input:

Ops Audit:

CSUN | HUMAN RESOURCES

INSTRUCTIONAL PERSONNEL ACTION REQUEST FORM

1. College/Division: _____   Date: _____

2. Empl ID #: _____   Record #: _____   Empl Position #: _____   Dept ID # _____

3. Name: _____ ___ _____

      First Name   MI   Last Name

4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested: **Faculty member beginning Difference in Pay (DIP) Sabbatical Leave.**

      Salary Calculation: $_____ (AY Base Rate) - $3,538 (Minimum Salary of Instructor Rank 2) = $_____

6. Comments (Optional): _____

_____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

	Name (Please Type or Print):	Signature:	Date:	Extension:	Mail Drop:
Prepared By:					
Dept Chair:					
Dean/DFO:					
FA (Optional):			**Date To HR OPS:**		

~ Submit Completed PAR Form to Human Resources by the 10th of the Month to meet Monthly Processing & Payroll Cut-Off Deadlines ~

* Complete "Paid Units" for Temporary/Part-Time Faculty and Teaching Associates Only

For Human Resources Use Only

13. Remarks:

Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:
Action/Reason:			Effective Date:		PIMS TranCode:		Effective Date:
Appt End:			Last Day Worked:		Payroll Return:		Empl Class:
AM Pay Group:			Prob Code:		Prob End Date:		Anni Date:
Appt Duration:			Ret Code:		Sabb Elig Date:		DIP Elig Date:
FMI Amt:			FERP End Date:		Remaining SSI's:		Final Anni Date:
PRTB End Date:			Visa Type:		Visa Exp Date:		2481 AdminFrac:

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3. Name: _____ _____ _____

   First Name   MI   Last Name

4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested: **Faculty member commencing FERP participation - AY 20_____ - 20_____.**

   Will teach 50% Fall and Spring Semesters. CalPERS service retirement date was _____.

6. Comments (Optional): _____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

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1. College/Division: _____   Date: _____

2. Empl ID #: _____ Record #: _____ Empl Position #: _____ Dept ID # _____

3. Name: _____ _____ _____
   First Name   MI   Last Name

4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested: **Faculty member   □commencing /   □ continuing FERP participation - AY 20 _____ - 20_____.**
   □Teaches 100% Fall Only
   □Teaches 100% Spring Only
   □Other (Librarian, Counselor only)

6. Comments (Optional): _____
   _____
   _____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
New Information									

APPROVALS:

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3. Name: _____ _____ _____
   First Name   MI   Last Name

4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested: **Retreat from** _____ **position to** _____ **position.**

   Indicate if transitioning to AY position in order to retire, etc.

6. Comments (Optional): _____
   _____
   _____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
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4. Reports to (name): _____   Reports to (position #): _____

5. Action Requested:

6. Comments (Optional): _____

_____

Job	Dept ID	Job Code	Transaction Effective Date	Appt/Leave End Date	Rank	Paid Units*	Base Salary	Time Base	Actual Salary
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