

PERSONNEL ACTION REQUEST – Part-Time Faculty

Employee Information and Type of Action				
Employee Full Name	Last Name:	First Name:	Middle Name:	
Is this for a new NKU employee? <i>(A returning former NKU employee would still be considered new if he/she was previously a student employee and/or he/she has been separated from NKU for 12 months or longer.)</i>		<input type="checkbox"/> Yes If Yes, please note that a background check and new hire packet must be <u>completed in Human Resources</u> before this PAR can be processed. Also, please indicate the last 4 digits of the new employee's social security number. Last 4 Digits of SSN: _____	<input type="checkbox"/> No If No, does this employee have an active main staff/contract staff assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, this form needs to be authorized by the employee's regular department head before submission to Human Resources. Please attach Alternative Work Schedule documentation if applicable.</i>	
Request Type: <i>(Please indicate one.)</i>	<input type="checkbox"/> New Request		<input type="checkbox"/> Change Request <i>(You are still required to complete all sections of this form.)</i>	
Work Location	<input type="checkbox"/> Highland Heights <input type="checkbox"/> Grant County <input type="checkbox"/> METS Center	Building _____	Room Number _____	Campus Phone _____

Assignment Details							
Position Number:		Position Title:				Employee ID: _____	
Supervisor:		Organizational Unit (Dept):			Org. Unit #		
Payment Reason: SELECT PAYMENT REASON							
Assignment Start Date:		Assignment End Date:		Session Term: SELECT TERM		Session Duration: SELECT DURATION	
Total Payment Amount for Entire Assignment Period: \$		Monthly Pay Period Amount: \$		Faculty/Instructor Level: SELECT LEVEL			
Course Area/Department Abbreviation:	Course-Section Numbers:	-	Credit Hours:	Scheduled Class Days/Times:			
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Part-Time Faculty Payment Funding Information							
Cost Center Number	Grant	Order				Percentage (%)	

Comments
<i>(In addition to explanatory comments, indicate in this section if you are requesting specific pay dates outside of normal payroll cycle/schedule.)</i>

Approvals		
PAR Initiator's Name:	Phone Number:	Date PAR Initiated:
Approver Title	Signature	Date
Dept. Head/Chair/Grant PI		
Dean		
Vice President		
Human Resources		
Budget Office/Comptroller/Grants		
*Supervisor approval for employees with staff assignment	Regular Dept Name	Reg Dept Head Signature & Date:

. All approved Personnel Action Request (PAR) forms for faculty or staff must be forwarded to Human Resources. Please use online Part-Time Faculty PAR form for exempt employees when possible.

**** Terms and Conditions of employment are covered in the Part-Time Faculty Handbook. Employment is pending adequate enrollment.**

**Employee Signature: _____ Date: _____ HR-PAR-PTF 2014-01-14