

# Medical College of Georgia Personnel Action Request (PAR)

Appointment  
  Termination  
  Retirement  
  Exempt Extra Pay  
  Non Renewal  
  Change (Type)

**Faculty:**  Yes  No  
 **Employee ID** \_\_\_\_\_  
 **Effective Date** \_\_\_\_\_  
 **Date Submitted** \_\_\_\_\_

## Personal Data

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gen \_\_\_\_\_  
 Name as shown on SS Card \_\_\_\_\_ (for HR USE ONLY)  
 Home Address (1) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address (2) \_\_\_\_\_  
 (for foreign nationals and those with temporary mailing addresses)

## Personal Profile

Education Level \_\_\_\_\_ Full Time Student  Yes  No  
 Gender  Male  Female      Relative Employed at MCG  Yes  No  
 Employee Type \_\_\_\_\_ MCG Badge # \_\_\_\_\_  
 Email \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Work Location  Campus  Other

## Eligibility/Identity

Birthdate \_\_\_\_\_  
 Citizenship Status \_\_\_\_\_  
 Ethnic Group \_\_\_\_\_  
 Military Status \_\_\_\_\_  
 SSN \_\_\_\_\_  
**US Citizen**  
 Yes (by birth) or  Naturalization  No  
 Naturalization Number \_\_\_\_\_ Date \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 If No, Country \_\_\_\_\_ Code \_\_\_\_\_  
 Type Visa \_\_\_\_\_ Conversant in English \_\_\_\_\_  
 Date FIRST entered the U.S. \_\_\_\_\_

## Campus Contact Information

Campus Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ Pager \_\_\_\_\_

## Off-Campus Contact Information Complete for Clinical/Adjunct or Affiliated

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

## Job Data

Department Name \_\_\_\_\_ Department ID Number \_\_\_\_\_ BCAT \_\_\_\_\_  
 Position# \_\_\_\_\_ Job Title \_\_\_\_\_ Wk Com (EFT) \_\_\_\_\_ Comp Type \_\_\_\_\_ Comp Rate \_\_\_\_\_  
 If Termination: Reason for Termination \_\_\_\_\_ Temp Term Date \_\_\_\_\_ Recommended for re-employment? \_\_\_\_\_  
 Clin/Adj Date \_\_\_\_\_ LOA Only: Last Date Worked \_\_\_\_\_ Expected Return Date \_\_\_\_\_  
 Retirement Date \_\_\_\_\_ Part-time Retiree Appointment: Begin \_\_\_\_\_ End \_\_\_\_\_  Acknowledgement of Compliance to BOR Policy 802.0903 -

## Salary Distribution Information

Fund	Dept ID	Program	Class	Project   Grant			Account	Distribution	Employment Beyond Retirement Annual Amount	Payment EFT
				Project ID	Start Date	End Date				
Comments:				Exempt Extra Pay:	Start Date	End Date	Total Distribution = 1.00			
				One Time Payment:			Fringe Benefits			
				Additional Pay:			Total MCG Salary			
VA Pay				+ VA Special Pay	x VA Effort		= VA Total Salary			
Check if using Salary Distribution Addendum   <a href="#">Click here to open Addendum</a>							Total MCG and VA Salary			

## Authorization

Requestor/Ext. \_\_\_\_\_ Date \_\_\_\_\_      Authorization \_\_\_\_\_ Date \_\_\_\_\_  
 Department Head \_\_\_\_\_  
 Sponsored Accounting \_\_\_\_\_      Chair of Joint Dept, Dean of Joint School to sign on same line as Primary Section Chief(s) \_\_\_\_\_

## PAR Routing (HR use only)

Class/Comp \_\_\_\_\_ Benefits \_\_\_\_\_      Chairperson(s) \_\_\_\_\_  
 Budget \_\_\_\_\_ Payroll \_\_\_\_\_      Dean(s) \_\_\_\_\_  
 Employment \_\_\_\_\_ FacAffs \_\_\_\_\_      Provost \_\_\_\_\_  
 \_\_\_\_\_ President \_\_\_\_\_



