

EASTERN ILLINOIS UNIVERSITY
Personnel Authorization Request (PAR)
Establish and/or Fill a Position

Check all that apply.

Establish a New Position _____ Previous Employee's Name _____ Fiscal Year _____
 Replace an Existing Position _____ Replacement Employee's Name (if known) _____

Permanent _____ Faculty _____ Full-time _____ 100%
 Temporary _____ Acad. Support Prof. (ASP) _____ Part-time _____ %
 Administrative (A&P) _____
 Civil Service _____

Position Title _____ Class Code (if known) _____

Position Number _____

Beginning Date _____

Ending Date _____
 (Write "on-going" if the position has no scheduled end date)

Months of Employment per year _____ FTE _____

Hourly Salary \$ _____/hour Monthly Salary \$ _____/month

Work Department _____ %
 (If different from Budget Department) (Account name) (Account #) % of time working

Budget Department _____ %
 (Account name) (Account #) % of appointment

_____ %
 (Account name) (Account #) % of appointment

_____ %
 (Account name) (Account #) % of appointment

Approvals:

Fiscal Agent of Budget Dept. _____ Date _____

Dean/Director _____ Date _____

Vice President _____ Date _____

President _____ Date _____

(For new positions or for filling administrative positions)