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

Clear Form

CHECK ALL THAT APPLY

Fiscal Year _____

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

☐ Permanent
☐ Temporary

☐ Faculty
☐ Acad. Support Prof. (ASP)
☐ Administrative & Professional (A&P)
☐ Civil Service

Full-time ☐ 100%
Part-time ☐ ____%

Position Title _____ Pos. Class (NBAPOSN) _____
Position Number _____
Beginning Date _____ Ending Date _____
(Write "on-going" if the position has no scheduled end date)

Months of Employment Per Year _____ Job: FTE $ _____

Hourly Rate $ _____ / hour Monthly Assign. Salary $ _____ / month

Time Sheet Org: _____ _____ _____%
(if different from Budget Org.) (Organization Name) (Org. #) % of time working

Budget Organization _____ _____ _____%
(Organization Name) (Org. #) % of appointment

_____ _____ _____%
(Organization Name) (Org. #) % of appointment

_____ _____ _____%
(Organization Name) (Org. #) % of appointment

Position Location
Bldg: _____
Room# _____
Phone#: _____

This employee will need Banner access to:

☐ Same as previous employee above
☐ Manage department budgets (If not the same as previous employee, attach a list of org codes)
☐ Enter time for the department (If not the same as previous employee, attach a list of org codes)
☐ Serve as an Academic Advisor
☐ Manage Grants
☐ Other types of access _____

Contact Banner Security manager at 581-7604 with any questions

Supervisor Name: _____

Approvals: (Please print and sign name)

Financial Manager of Budget Org. _____ Date: _____
Print Signature

Dean/Director _____ Date: _____
Print Signature

Vice President _____ Date: _____
Print Signature

President _____ Date: _____
Print Signature

(For new positions or for filling administrative (A&P) positions)

Official Use Only: Previously Employed _____ Yes _____ No