

EASTERN ILLINOIS UNIVERSITY
 Personnel Authorization Request (PAR)
 Revise a Civil Service Position

Employee Name (if position is filled) _____ Fiscal Year _____
 Current Position Title _____ Current Work Org. _____
 Current Position Number _____ Current Budget Organization _____
 Current Appointment Percentage _____%

Complete one of the sections below:

- This section to be completed by Human Resources Department -

New Position Title _____ New Position Class (NBAPOSN) _____
 New Rate _____ FTE _____ **Effective Date** _____
 Current Year Cost _____ Annualized Cost _____
 Approved by Director of Human Resources _____

Change in Work or Budget Organization, Appointment percentage, or Funding Source

New Work Organization (if different from Budget Org.)	_____ (Organization Name)	_____ (Org. #)	_____ % % of time working
New Budget Organization	_____ (Organization Name)	_____ (Org. #)	_____ % % of budget
	_____ (Organization Name)	_____ (Org. #)	_____ % % of budget
	_____ (Organization Name)	_____ (Org. #)	_____ % % of budget

Effective Date _____

Change in Position (including employee group and position)

New Position Title _____ New Position Class (NBAPOSN) _____
 New Position Number (entered by Human Resources if a change is necessary) _____
 New Rate (if there is a change) _____ **Effective Date** _____
 Reason _____

Stipend

Amount \$ _____
 Beginning (effective) Date _____ Ending Date _____
 Reason _____

Non-Regular Salary/Equity/Market Increases

Hourly Increase \$ _____ / hour or Monthly Increase \$ _____ / month
 Effective Date _____

Approvals:

Fiscal Agent of Budget Org. _____ Date: _____

Dean/Director _____ Date: _____

Vice President _____ Date: _____
 (Required for all changes on this form)

President _____ Date: _____
 (Required for a new position, to give a non-regular salary increase, and for changes to VP positions)