

EASTERN ILLINOIS UNIVERSITY  
Personnel Authorization Request (PAR)  
Revise a Position for Faculty, or Administrative Personnel

Approval is requested for:

Fiscal Year \_\_\_\_\_

\_\_\_\_\_ Permanent                      \_\_\_\_\_ Faculty                      Full-time \_\_\_\_\_ 100%  
\_\_\_\_\_ Non-permanent                  \_\_\_\_\_ Acad. Support Prof. (ASP)                  Part-time \_\_\_\_\_ \_\_\_\_\_%  
\_\_\_\_\_ Administrative & Professional(A&P)

Employee Name (if applicable) \_\_\_\_\_ Position Number \_\_\_\_\_  
Position Title \_\_\_\_\_ FTE \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
Current Work Org. \_\_\_\_\_ Work Org. Account # \_\_\_\_\_  
Current Budget Org. \_\_\_\_\_ Budget Org. Account # \_\_\_\_\_

**Complete one of the sections below:**

**Change in Work or Budget Organization**

New Organization \_\_\_\_\_ Org # \_\_\_\_\_

New Budget Organization \_\_\_\_\_ Org # \_\_\_\_\_ %

\_\_\_\_\_ Org # \_\_\_\_\_ %

**Effective Date**

**Monthly Stipend:**                      **Amount \$** \_\_\_\_\_

Beginning (Effective) Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Reason \_\_\_\_\_

**Non-Regular Salary/Equity/Market Increases:**                      **Effective Date** \_\_\_\_\_

Monthly Increase \$ \_\_\_\_\_ / month                      New FTE \_\_\_\_\_

Reason \_\_\_\_\_

**Change in Contract Length OR Percentage:**                      **Effective Date** \_\_\_\_\_

New Contract Period \_\_\_\_\_ New Percentage % \_\_\_\_\_

**Other Changes:**

**Approvals:**

\_\_\_\_\_ With the following changes: \_\_\_\_\_

Fiscal Agent of Budget Org. \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director \_\_\_\_\_ Date: \_\_\_\_\_

Vice President \_\_\_\_\_ Date: \_\_\_\_\_

**(Required for all changes on the form)**

President \_\_\_\_\_ Date: \_\_\_\_\_

**(Required for salary increases or for changes to A&P positions)**