



Window Rock Unified School District #8

Personnel Action Request Form (PARF)

Name: _____			Site/Dept. and Position: _____																							
Type of Action Requested			Employee Type																							
<input type="checkbox"/> New Hire <input type="checkbox"/> Certified <input type="checkbox"/> Classified <input type="checkbox"/> Substitute <input type="checkbox"/> Temporary <input type="checkbox"/> Reclassification/Transfer <input type="checkbox"/> Resignation/Termination <input type="checkbox"/> Extra Pay Factor			<input type="checkbox"/> Administrative- Exempt <input type="checkbox"/> Certified- Exempt <input type="checkbox"/> Classified <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt- Hourly <input type="checkbox"/> Other _____																							
Reclassification/Transfer			Resignation/Termination																							
Current Position _____ Site/Department _____ Pay Rate: Level _____ Step _____ Comments: Reclassify/Transfer Position _____ Site/Department _____ Pay Rate: Level _____ Step _____ Comments:			Site/Department _____ Last Day _____ <input type="checkbox"/> Documentation Attached																							
			Extra Pay Factor																							
			Site/Department _____ Position _____ Start Date _____ End Date _____ Amount \$ _____ Payout instructions: Pay Periods <input type="checkbox"/> Split among remaining <input type="checkbox"/> By Timesheet																							
Funding Source (Business Office Only)			New Hire																							
<input type="checkbox"/> M&O <input type="checkbox"/> Grant- Specify _____ <input type="checkbox"/> Other- Specify _____ Account Code: _____			Position <input type="checkbox"/> New <input type="checkbox"/> Existing (Replacing) Site/Department _____ Grade or Area _____ Supervisor _____ Start Date _____ End Date _____ Hours/Day _____ Hours/Week _____																							
AUTHORIZATION																										
<table border="1"><thead><tr><th>Title</th><th>Signature</th><th>Date</th></tr></thead><tbody><tr><td>Employee</td><td>_____</td><td>_____</td></tr><tr><td>Supervisor</td><td>_____</td><td>_____</td></tr><tr><td>Academics Director</td><td>_____</td><td>_____</td></tr><tr><td>Business Office</td><td>_____</td><td>_____</td></tr><tr><td>Superintendent</td><td>_____</td><td>_____</td></tr><tr><td>Human Resources</td><td>_____</td><td>_____</td></tr></tbody></table>			Title	Signature	Date	Employee	_____	_____	Supervisor	_____	_____	Academics Director	_____	_____	Business Office	_____	_____	Superintendent	_____	_____	Human Resources	_____	_____	<input type="checkbox"/> Exempt/Contract Level _____ Step _____ Amount \$ _____ <input type="checkbox"/> Teacher <input type="checkbox"/> Admin <input type="checkbox"/> Other Prorated (# Days total) _____ <input type="checkbox"/> Non-Exempt-Hourly Amount per hour \$ _____ Work Calendar _____		
Title	Signature	Date																								
Employee	_____	_____																								
Supervisor	_____	_____																								
Academics Director	_____	_____																								
Business Office	_____	_____																								
Superintendent	_____	_____																								
Human Resources	_____	_____																								
			Governing Board Agenda Date: _____																							