

Focus:	Departmental Procedures DOP	State of Alaska Department of Administration Division of Personnel <u>Policies and Procedures</u>
Topic:	Personnel Action Request Form (PARF) 32000 PRO	Effective Date: 10/16/04 Supercedes: All Dept Specific Policies
Link(s)	DEP 32000 POL	DEP 32000 FRM

PROCEDURE:

I. PARF:

Care should be taken to assure all necessary forms are attached or accounted for and copies are supplied where necessary. Available resources should be utilized when completing the PARF; AKPAY screens, Collective bargaining agreements, salary schedules, SOPs, etc.

- A. Complete all requested information at the top of the form and check the appropriate box to indicate the necessary action. The "Comments" section is used to note any unusual circumstances or special handling pertinent to the action.
- B. To complete the middle section of the PARF, the left side labeled "FROM", should contain the employee's current information and the right side labeled "TO", should reflect all changes being requested. A new hire requires only the "TO" side to be completed and a separation requires only the "FROM" side to be completed.
- C. The bottom of the PARF must be signed by an Appointing Authority or have Division/Department Approval for personnel actions. The person signing is responsible for: 1) checking all information is accurate; 2) assuring all necessary documents are attached; 3) making sure copies are provided where necessary; and, 4) vouching for the legality of the action.
- D. Completed PARFs are to be forwarded to the appropriate Technical Services Center for processing. *Contact Technical Services if assistance is needed to complete any fields on the form.*

II. PARF Clarification:

The following is an explanation of each field on a PARF. Fields noted "*Leave Blank*" are for Technical Services internal documentation.

- A. **SSN** – The employee's Social Security Number.
- B. **Last Name, First Name, M.I.** – The employee's full name.
- C. **Effective Date** – The effective date of the action. The effective date of a new hire or movement between positions, is the FIRST day in pay status in the new position. For Separations, the effective date is the first day NOT in pay status.
- D. **Dept # / Division** – The department number and division title.
- E. **Section** – The employee's section.

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- F. **Location** – The location name.
- G. **Retire Code** – *Leave Blank*.
- H. **Contact Code** – The code used to designate contact information for the state employee directory.
- I. **Date of Request** – The date the form was completed.
- J. **EE Phone Number** – The employee’s work telephone number.
- K. **EE Fax Number** – The employee’s work fax number.
- L. **Add/Change EE Email Address** – The employee’s department e-mail address.
- M. **Supervisor’s Name** – The supervisor’s full name.
- N. **Supervisor’s PCN** – The supervisor’s position control number.
- O. **Action Boxes** – Check all actions that apply.
- P. **Comments** - Use for any additional comments pertinent to the action.
- Q. **DOC# and Technical Services Comments** – *Leave Blank*.
- R. **FROM: / TO:** - The left side should contain the employee’s current information and the right side should reflect the changes being requested on the PARF.
- S. **Status** – Indicate status of employee: probationary, permanent, short-term non-perm, long-term non-perm, exempt, partially exempt, provisional, temporary, or emergency.
- T. **Seasonal Indicator** – Indicate the PCN type: fulltime regular (FR), part-time regular (PR), fulltime seasonal (FS), or part-time seasonal (PS).
- U. **Salaried/Hourly** – Indicate if position is salaried (S) or hourly (H). If hourly in a permanent PCN, indicate if working more or less than 30 hours per week (for benefits purposes).
- V. **Merit Anniversary Date** – The sixteenth or first of the month after the completion of probation as per the applicable collective bargaining agreement.
- W. **Pay Rate** – Semi monthly rate or hourly rate per appropriate salary schedule.
- X. **PCN/Firearm** – Position Control Number (PCN) and firearms designation.
- Y. **Bargaining Unit** – Indicate the bargaining unit for the PCN.
- Z. **Location** – The location name.
- AA. **Range/Step/OT Ind** – The range and step of the position. OT Ind: **Y**=NOT overtime eligible (FLSA exempt), or **N**=overtime eligible (Not FLSA exempt).
- BB. **Class Code/Job Title** – Employee’s Job Class Code and Title.
- CC. **Organizational RT Code** – Employee’s organizational routing code.
- DD. **Payroll RD Code** – The RD Code of Division/Region responsible for PCN.
- EE. **Salary Schedule** – The appropriate salary schedule.
- FF. **HI Code/Effective Date** – *Leave Blank*.
- GG. **Resident Address** – Employee’s resident mailing address, used for information sent from Retirement and Benefits, W-2s, and other correspondence from the State of Alaska. “See attached” may be documented in this field, if address authorization/change form is submitted with PARF.

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- HH. **City/State/Zip** – For the resident address.
- II. **Warrant Mailing Address** – Employee’s address for payroll warrant (paycheck) / warrant advice (stub). “See attached” may be documented in this field, if address authorization/change form is submitted with PARF.
- JJ. **City/State/Zip** – For the warrant mailing address.
- KK. **CC/LC – Accts Charged** – AKSAS collocation/ledger code combinations.
- LL. **Generator Pattern** – *Leave Blank*.
- MM. **V/A Code** – *Leave Blank*.documentation.