

Virginia Wesleyan University
Personnel Action Request Form (PAR)

Employee Name: _____

Effective Date: _____

Department: _____

Position: _____

TYPE OF ACTION:

New Hire First Day Worked: _____

Rehire

Change

Termination Last Day Worked: _____

SCHEDULE: (Check all that apply)

Full-time

Part-time

Temporary

ITEM

SCHEDULE:

(Check all that apply)