

# INSTRUCTIONS FOR SUBMITTING A REQUEST FOR A PERMANENT STAFF EMPLOYMENT CHANGE OR TERMINATION USING DYNAMIC FORMS

## PAR: Permanent Staff Employment Change

## This form may be used for the following:

- Employment Change of a <u>Permanent Staff Member</u> including:
  - o **Demotion**
  - FTE Change
  - Fund Source Change
  - Begin Interim Interim Salary Change
  - End Interim Interim Salary Change
  - Leave of Absence
  - Return from Leave of Absence
  - o Promotion
  - Phased Retirement
  - Rate Change
  - $\circ$  Reclassification
  - $\circ$  Suspension
  - $\circ \quad \text{Title Change} \\$
  - o Transfer

## • Termination of a <u>Permanent Staff Member</u> including:

- o Death
- o Dismissal
- o Retirement
- Voluntary Resignation

#### PAGE 1: ROUTING

### **Required Roles:**

In the first section, for routing purposes, please select all roles REQUIRED to review and approve this PAR. For each REQUIRED role, please enter the First and Last Name of the person who will participate in that role, then select the current participant from the drop-down list that will populate after you enter the name. The First and Last Name fields are not case-sensitive.

If you are authorized to sign as the Supervisor/Manager, Chair, or PI, you can skip the selection of your own role. The signature you provide as the initiator of this PAR will satisfy the signature requirement for your role.

IARSHALL	PAR: Perman	ent Staff Employment	Change		
This page	This page is to be completed only by the initiator of the PAR. Please click <b>Next</b> to continue to the next page.				
For For each required role, please search	For routing purposes, please select all roles required to review and approve this PAR.				
Please select at least one: If you are authorized to sign as t satisfy the signature requirement Role / Participant	the Supervisor/Manager, Chair, or PI, yo t for your role. Search First Name	ou can skip selection of your own role Search Last Name	e. The signature you provide as the initiator of this PAR will Select Participant		
Chair			* Choose v		
Principal Investigator					

### **Optional Roles:**

In the second section, please select all optional reviewers and enter the First and Last Name of the person who will participate in that role, then select the current participant from the drop-down list that will populate after you enter the name. The First and Last Name fields are not case-sensitive.

Role / Participant	Search First Name	Search Last Name	Select Participant
Business Mgr.			Choose

#### **PAGE 1: ROUTING**

#### Vice President or Sr. Vice President Roles:

Certain Departments will require both a Vice President and a Senior Vice President to approve PARs. Other Departments only require a Sr. Vice President's approval.

Departments that require both a Vice President and Sr. Vice President approval include:

- Aviation
- Economic & Workforce Development
- Enrollment Management
- Governmental Relations
- Institutional Research
- Student Affairs

PARs for employees in the departments listed above should select the appropriate Vice President from the Vice President drop-down list. The form will automatically route to the appropriate Sr. Vice President based on the selection of the Vice President.

Select which Vice	President should review and approve this PAR.
Please select a Vice President:	
Vice President (see note below): * Choose	V
I Choose 7 Not Applicable - (Please select a Sr. VP in the next drop-down) 4 Aviation VP and proxies	plicable and select your VP on the next option. ffairs, Institutional Research, Enrollment Management, Aviation, Economic and Workforce
Economic and Workforce Development VP and proxies Enrollment Management VP and proxies Governmental Relations VP and proxies	
Institutional Research VP and proxies ave Prog Student Affairs VP and proxies	

\*All other Departments should select "Not Applicable" in the Vice President drop-down list.

Once "Not Applicable" has been selected, select the appropriate Sr. Vice President from the Sr. Vice President/Provost drop-down list.



Click **Next** to continue to the next page.

### PAGE 2: ACTION

Select the appropriate PAR action from the Action drop-down list. Once a selection is made, another drop-down list will appear. Select either the appropriate Employment Change type, or Reason for Termination.

PAR: Permanent Staff Employment Change		
		Action
Action: * Employment Change	v	Employment Change: *

MARSHALL PAR: Permanent Staff Employment Change			
Action			
Action: * Termination	Reason for Termination: *[ Choose v		
Please submit the employee's resignation/retirement letter to HR and Academic Affairs (if applicable).			

### Note for Employment Changes:

- If the PAR is for multiple employment change types, select the most appropriate one from the drop-down list. You can make a note in the **Comments** section above your signature for additional changes.
- Information about the employee's former/current job is on the form in the **Former Job** section.

### Note for Terminations:

• If the PAR is for a termination, be sure to submit the employee's resignation/retirement letter to HR and Academic Affairs (if applicable).

### **PAGE 2: EMPLOYMENT INFORMATION**

- Enter the Employee MUID (number beginning with 90#...) The employee's information will prefill with information available in Banner. Please note: the only information you can change in this section is the phone number and address.
- Making changes to the address will not update in Banner. The employee should follow standard procedures for information changes in Banner. They can contact Payroll if their address has changed.

	Em	ployee Info	rmation	
MUID:	Date of Birth:		Last 4 Digits SSN:	
First Name:	Middle Initial:		Last Name:	Suffix:
Email:	Phone:		Mobile:	
Address 2				
Address 2:				
City:	State:		Zip:	
*				
•				

#### PAGE 2: EMPLOYMENT CHANGE

- For Employment Changes, enter the Effective Date, End Date (if applicable), Position Number, Home Org, Position Title, Department, Salary, and New Supervisor MUID.
- The New Supervisor's Name, Email, and Position Number will prefill.
- If the supervisor will remain the same, enter the current supervisor's MUID for New Supervisor MUID).

Employment Change			
Suffix (entered by Payroll):	Home Org:		
	Department: *		
FTE (entered by HR):	Paygrade (entered by HR):		
New Supervisor Name:	New Supervisor Email:		
	Suffix (entered by Payroll):   FTE (entered by HR):   New Supervisor Name:		

#### PAGE 2: FUNDING INFORMATION FOR THE EMPLOYMENT CHANGE

- Select from drop-down MU FUND & MU ORG. Funds/orgs not appearing have not been granted access and a Banner Finance Privilege Request Form will need to be completed.
- Check **This position is split-funded** if there is more than one funding source line.

Funding Information for the Employment Change		
☐ This position is split-funded		
MU Fund: * Choose	MU Org:	
Fund Title:	Org Title:	

### PAGE 2: FORMER JOB (Employment Changes only)

- Select the Former Position from the drop-down list. This list is populated from Banner by the MUID entered earlier.
- Once a selection is made, most of the information will populate, however, you will still need to enter the Salary.
- If the employee has any active non-permanent positions, they will autofill in the fields provided. If the positions are for Phone or Internet Stipends, the information is to remind the initiator or department that a separate PAR to terminate those positions will need to be submitted.

	Former Job	
Former Position: * Choose	Department:	
	Non-Permanent Positions ( <i>if any</i> ):	
Position:	Suffix:	
Fund 1:	Org 1:	Percentage 1:
EClass Code:	PClass Code:	EEO Code:
Salary: *	FTE:	Paygrade:
Supervisor MUID:	Supervisor:	Supervisor Email:
Supervisor Position Number:		

### **PAGE 2: JOB TO TERMINATE**

- Select the job to terminate from the Former Position drop-down list. This list is populated from Banner by the MUID entered earlier.
- Once a selection is made, most of the information will populate, however, you will still need to enter **Termination Effective Date**, **End Time** (if applicable), and **Salary**.

	Job to Terminate	
Former Position: * Choose	Department: ✓	
	Non-Permanent Positions ( <i>if any</i> ):	
Termination Effective Date:	End Time (optional):	
Position:	Suffix:	
Fund 1:	Org 1:	Percentage 1:
EClass Code:	PClass Code:	EEO Code:
Salary: *	FTE:	Paygrade:
Supervisor MUID:	Supervisor:	Supervisor Email:
Supervisor Position Number:		

## PAGE 2: DEPARTMENT SIGNATURE

- Upload any attachments if necessary in the File Upload field.
- Enter Comments, as needed.
- Once electronically signed, click **Submit Form** at the bottom of the page.

	Department Signature			
File Upload <i>(optional):</i>	File Upload (optional):			
Comments:	Comments:			
(click to sign)				
Signature	Date			

### SIGNATURES & SUBMISSIONS

Click to sign the signature line and submit an electronic signature. You may choose to opt out of the electronic signature and print at this point. (You will have the option to view and save/print a PDF version of the form after the electronic signature.) Once electronically signed, click SUBMIT FORM. Once the PAR form has been completed, the Payroll department will mark it as archived.