



STATE OF ALASKA PERSONNEL ACTION REQUEST

SECTION A: ACTION REQUEST INFORMATION

SSN or Emp. ID Number	Legal Name - Last, First, MI <small>(Must match Social Security card)</small>	Action Effective Date

Action Request: (select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> APPOINTMENT | <input type="checkbox"/> PROMOTION | <input type="checkbox"/> TRANSFER to another Dept (specify) _____ |
| <input type="checkbox"/> SEPARATION | <input type="checkbox"/> DEMOTION | <input type="checkbox"/> TRANSFER w/in same Dept (Unit) _____ |
| <input type="checkbox"/> TO (S)LWOP | <input type="checkbox"/> TO LAYOFF | <input type="checkbox"/> ACTING STATUS (attach authorization) <input type="checkbox"/> 40 hrs/wk <input type="checkbox"/> 37.5 hrs/wk |
| <input type="checkbox"/> RTN FROM (S)LWOP | <input type="checkbox"/> RTN FROM LAYOFF | <input type="checkbox"/> PAY INCREASE (Exempt only) _____ (denote range/step & attach approval) |
| <input type="checkbox"/> OTHER (specify): _____ | <input type="checkbox"/> REHIRE RIGHTS TO: _____ (denote range/step - not above former step held) | |

Workweek Schedule:

<input type="checkbox"/> Full-time *(37.5/40 hrs/wk)	<input type="checkbox"/> Part-time (15-29.75 hrs) _____ hrs/wk
<input type="checkbox"/> Part-time (30+ hrs) _____ hrs/wk	<input type="checkbox"/> Part-time (under 15 hrs) _____ hrs/wk

*NOTE: A full-time position requires a formal approved Reduced Workweek (RWW) or Alternate Workweek (AWW) Agreement to work less than full-time or a non-standard workweek. ACOA/PSEA full-time work schedules are specified by contract. Contact DOF Payroll Team for guidance.

SECTION B: EMPLOYEE INFORMATION (Required for new employee or for any position change/update)

PCN	Class Title Description	Payroll Number	Department	Home Unit
Work Location Code	Preparer / Contact Name & Phone Number			

SECTION C: ADDITIONAL COMMENTS/INFORMATION

SECTION D: AUTHORIZATION

Actions requested and authorized by an Appointing Authority does not establish a contract between the State of Alaska and an employee. All personnel action determinations are subject to subsequent audit & final determination of the Director, Division of Finance.

Requestor / Appointing Authority Approval (Mandatory)	Date
Agency / Division Approval (Agency-Optional)	Date

SECTION E: DIVISION OF FINANCE PAYROLL SERVICES SECTION USE ONLY

<input type="checkbox"/> ESMT _____	EFF. Date _____	Pay Parm (if Override) _____
<input type="checkbox"/> ADDR _____	Status _____	Birth Date _____
<input type="checkbox"/> ATTR _____	PCN _____	Sex/Marital/Eth _____
<input type="checkbox"/> EMER _____	BU _____	HI Code _____
<input type="checkbox"/> HINS _____	Pay Policy _____	HI Eff. Date _____
<input type="checkbox"/> TIMEI _____	Grade/Step _____	Eval Date _____
<input type="checkbox"/> TADJ _____	Leave Base Date _____	MAD/PID _____
<input type="checkbox"/> MISC _____	Leave Policy _____	Probation End Date _____
<input type="checkbox"/> LEAV _____	Leave Eligibility Date _____	
<input type="checkbox"/> Other _____		

Entered By: _____ Date: _____

Certified By: _____ Date: _____

PERSONNEL ACTION REQUEST (PARF) - FORM FIELD DEFINITIONS

SECTION A: ACTION REQUEST INFORMATION

(Subject to HR approval and compliance with relevant policy, regulation and/or bargaining unit contract)

- **SSN or Emp. ID Number** - Enter Social Security number for a new employee or the Employee ID number for a current employee. Employee ID number is published in the SOA Employee Directory.
- **Legal Name** - Legal name of the employee. Must match the name displayed on the Social Security card.
- **Action Effective Date** - Effective date for the selected 'Action Request'.
- **Action Request** -
 - Use '**Other**' to specify an action not shown on the form.
 - For '**Transfer**' must specify the department / unit.
 - For '**Exempt only**' pay increase specify the range and step request and attach a signed SOA Performance Evaluation Report or an accepted, signed alternate authorization/form.
 - For '**Rehire Rights To**' specify range and step request. Step placement may be at or below but not above the former step held. Eligibility for rehire rights to a job class/series is established by personnel regulation or a collective bargaining contract.
- **Workweek Schedule** - Specific workweek hours to be assigned. If position is less than full-time, check the part-time workweek category and denote 'hours per week' in field. A full-time position requires a formal, approved Reduced Workweek (RWW) or Alternate Workweek (AWW) Agreement to permit working less than a full-time or a non-standard workweek. Contact DOF Payroll Services for mandatory requirements and guidance.

SECTION B: EMPLOYEE INFORMATION

(Required for new employee or for any position change/update)

- **Position Control Number (PCN)** - Official numerical budget identifier of the position the employee is appointed to, moving to or currently occupies, based on the selected 'Action Request'.
- **Class Title Description** - This is the Classification Title. For any position it can be found in IRIS HRM on the POSM activity Folder under Title Description.
- **Payroll Number** - This determines which Payroll the employee receives a Timesheet. It can be found in IRIS HRM under Position Attributes in the POSM activity folder.
- **Department** - Employee Department
- **Home Unit** - This is a 4 character code that starts with Z and was set up by your Department. This should match the information listed on the Position.
- **Work Location** - This replaces contact code. This information can be found in IRIS HRM on the LOCA table or by reviewing a nightly extract file at <https://doa.alaska.gov/dof/iris/resource/HRM-Work-Location.xlsx>
- **Preparer / Contact Name and Phone Number** - List who should be contacted if there are any questions about the information entered.

SECTION C: ADDITIONAL INFORMATION/COMMENT

Enter other pertinent or clarifying information to assist in effective processing of the 'Action Request'.

SECTION D: AUTHORIZATION

- **Requestor / Appointing Authority Approval & Date** - **Mandatory** - Signature and date of Appointing Authority or the authorized designee/requestor.
- **Agency / Division Approval & Date** - **Mandatory** - Agency-optional. Requestor/Appointing Authority is solely responsible for obtaining agency approval.

SECTION E: DIVISION OF FINANCE - PAYROLL SERVICES SECTION USE ONLY

DO NOT ENTER IN THIS SECTION - Reserved for DOF Payroll Services Section.