

PERSONNEL ACTION REQUEST – Part-Time Faculty

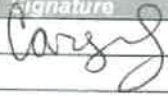
Employee Information and Type of Action			
Employee Full Name	Last Name: LeRoy	First Name: Angela	Middle Name:
Is this for a new NKU employee? <i>(A returning former NKU employee would still be considered new if he/she was previously a student employee and/or he/she has been separated from NKU for 12 months or longer.)</i>	<input checked="" type="checkbox"/> Yes If Yes, please note that a background check and new hire packet must be <u>completed in Human Resources</u> before this PAR can be processed. Also, please indicate the last 4 digits of the new employee's social security number. Last 4 Digits of SSN: 5104	<input type="checkbox"/> No If No, does this employee have an active main staff/contract staff assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, this form needs to be authorized by the employee's regular department head before submission to Human Resources. Please attach Alternative Work Schedule documentation if applicable.</i>	
Request Type: <i>(Please indicate one)</i>	<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Change Request (You are still required to complete all sections of this form.)		
Work Location	<input type="checkbox"/> Highland Heights <input type="checkbox"/> Grant County <input type="checkbox"/> METS Center	Building	Room Number Campus Phone

Assignment Details			
Position Number:	Position Title:	Employee ID: _____	
Supervisor: Caryn Connelly	Organizational Unit (Dept): World Languages and Literatures	Org. Unit # 11020050	
Payment Reason:	SELECT PAYMENT REASON		
Assignment Start Date: 8/20/18	Assignment End Date: 12/14/18	Session Term: Fall	Session Duration: Full Session
Total Payment Amount for Entire Assignment Period: \$	Monthly Pay Period Amount: \$	Faculty/Instructor Level: Other	
Course Area/Department Abbreviation: FRE	Course-Section Numbers: 201 - 002	Credit Hours: 3.00	Scheduled Class Days/Times: MTWRF
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Part-Time Faculty Payment Funding Information			
Cost Center Number	Grant	Order	Percentage (%)
235200001			

Comments
(In addition to explanatory comments, indicate in this section if you are requesting specific pay dates outside of normal payroll cycle/schedule.)
Angela LeRoy will be teaching at Holy Cross High School via the School based Scholar's program.

Approvals		
PAR Initiator's Name: Eden Schlosser	Phone Number: x7650	Date PAR Initiated: 4/16/18

Approver Title	Signature	Date
Dept. Head/Chair/Grant PI		4/16/18
Dean		
Vice President		
Human Resources		
Budget Office/Comptroller/Grants		
*Supervisor approval for employees with staff assignment	Regular Dept Name	Reg Dept Head Signature & Date:

All approved Personnel Action Request (PAR) forms for faculty or staff must be forwarded to Human Resources. Please use online Part-Time Faculty PAR form for exempt employees when possible.

** Terms and Conditions of employment are covered in the Part-Time Faculty Handbook. Employment is pending adequate enrollment.

**Employee Signature: _____ Date: _____ HR-PAR-PTF 2014-01-14