INSTRUCTIONS FOR SUBMITTING A REQUEST FOR A BENEFITS-ELIGIBLE FACULTY MEMBER EMPLOYMENT CHANGE, HIRE, OR TERMINATION USING DYNAMIC FORMS

PAR: Benefits-Eligible Faculty Appointment – All Actions

This form may be used for the following:

- **Employment Hire or Change** of a <u>Benefits-Eligible Faculty Member</u> including:
    - Academic Year Sabbatical
    - Return from Academic Year Sabbatical
    - Appointment Change (9mo/12mo)
    - FTE Change
    - Fund Source Change
    - Hire
    - Leave of Absence
    - Return from Leave of Absence
    - Phased Retirement
    - Promotion, Rank
    - Salary Change
    - Termination
        - Death
        - Dismissal
        - Retirement
        - Voluntary Resignation

*This PAR is for benefits-eligible faculty positions. For admin/research/teaching stipends or part-time faculty, use the **[Administrative/Research/Teaching Stipend PAR](#)**.

ACTION

- Select the appropriate PAR action from the **Action** drop-down list. Depending on the selection made, another drop-down list might appear. If so, select the appropriate selection when the **Action** is:
    - **Academic Year Sabbatical – Return**
    - **Appointment Change (9mo/12mo)**
    - **Leave of Absence**
    - **Leave of Absence – Return**
    - **Termination**

	Action
Action: [Leave of Absence ▾] *For additional changes, please make a note in the Comments section above your signature below.*	**Leave of Absence Reason:** [-- Choose -- ▾]

- **Note:**
    - 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/Current Job** section.

- **Note for Hires**
    - To complete a PAR, the employee MUST have an MUID. If they do not have an MUID, please fill out the New Employee Person Data Entry Form, then revisit the PAR.

- **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).

- Next, enter the **Effective/Begin Date.** If the Action is a Termination, enter an **End Time**, if applicable.

- The last selection of the **ACTION** section is **Division**. Select either *Division of Academic Affairs* or *School of Medicine.* This selection will determine the appropriate route of approval.

ROUTING

- If **Division** selected is *Division of Academic Affairs*, enter the College Dean's **First Name** and/or **Last Name** to search, then select the individual from the drop-down list.

- If the PAR is for the College Dean, or if you have signature authority for the College Dean, select the checkbox at the bottom of this section to skip routing to the Dean.
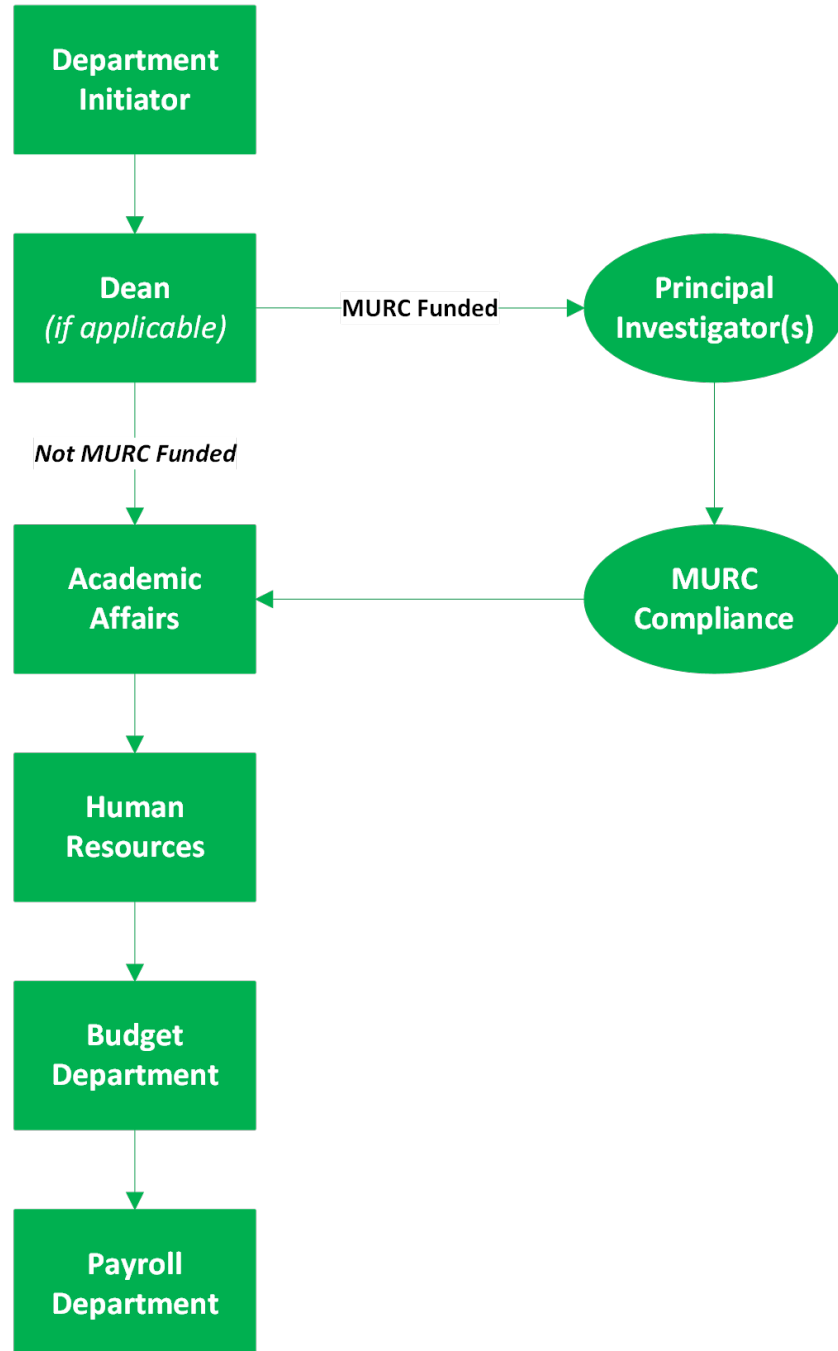
Routing
To allow the PAR to route to the Dean for signature, search the first and/or last name of the **Dean**, then select them from the drop-down list.

First Name   Last Name   Select the Dean cosigner from the list:
                                    * -- Choose --

☐ This PAR is for the College Dean OR I have signature authority for the Dean.
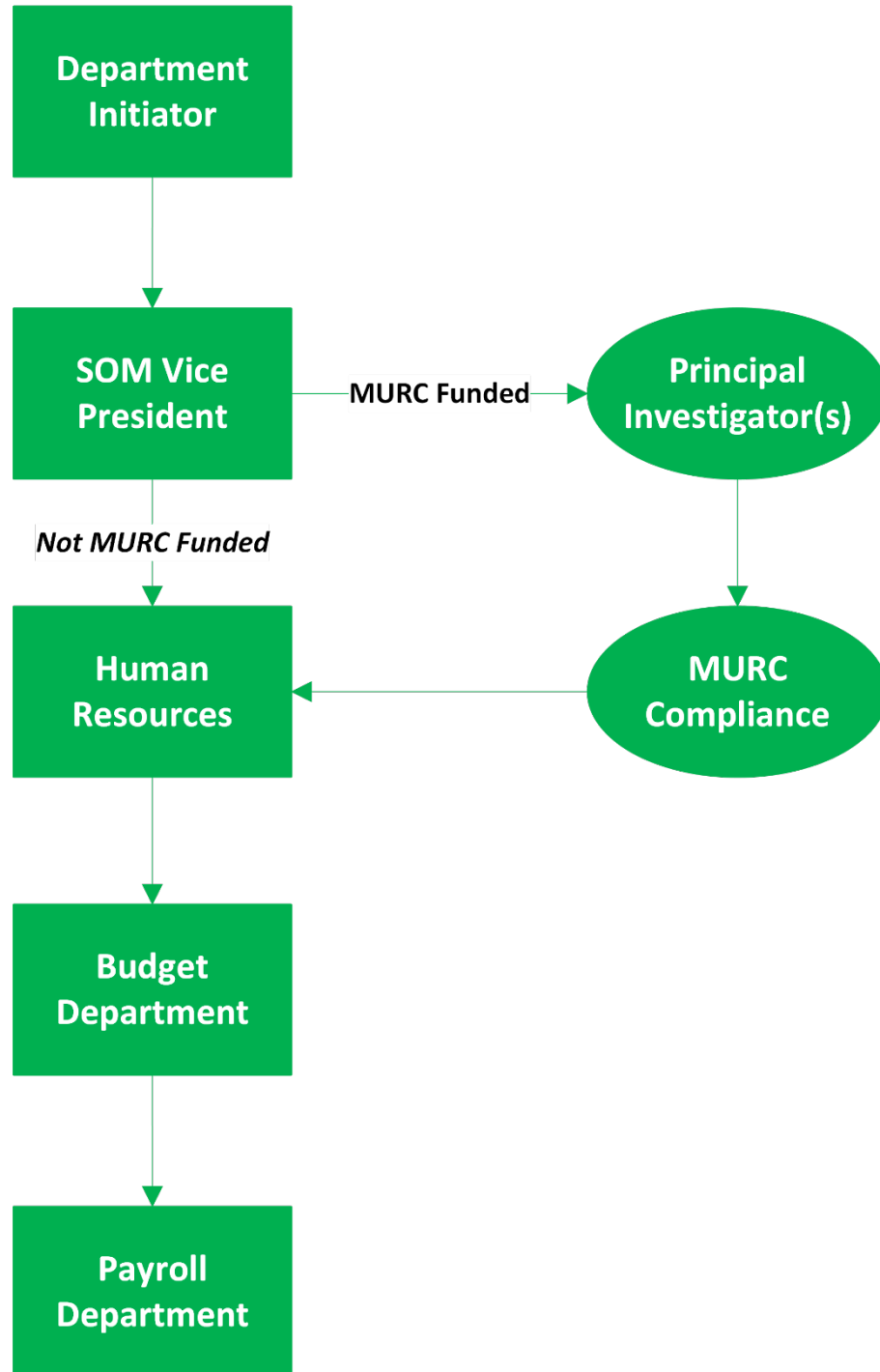   *Selecting this checkbox will skip the Dean's signature.*

ROUTING (DIVISION OF ACADEMIC AFFAIRS)

- If **Division** selected is *Division of Academic Affairs* the routing of the form is as follows:
  - o **Note**: If the PAR is for the College Dean, or if the form is completed by someone who has signature authority for the Dean, the form will not route to the Dean for approval.

```
                    ┌─────────────────┐
                    │   Department    │
                    │    Initiator    │
                    └─────────────────┘
                             │
                             ▼
        ┌─────────────────┐   MURC Funded   ┌─────────────────┐
        │      Dean       │────────────────▶│    Principal    │
        │  (if applicable)│                 │ Investigator(s) │
        └─────────────────┘                 └─────────────────┘
                 │                                   │
          Not MURC Funded                            │
                 │                                   ▼
                 ▼                           ┌─────────────────┐
        ┌─────────────────┐                  │      MURC       │
        │    Academic     │◀─────────────────│   Compliance    │
        │     Affairs     │                  └─────────────────┘
        └─────────────────┘
                 │
                 ▼
        ┌─────────────────┐
        │      Human      │
        │    Resources    │
        └─────────────────┘
                 │
                 ▼
        ┌─────────────────┐
        │     Budget      │
        │   Department    │
        └─────────────────┘
                 │
                 ▼
        ┌─────────────────┐
        │     Payroll     │
        │   Department    │
        └─────────────────┘
```

ROUTING (SCHOOL OF MEDICINE)

- If **Division** selected is *School of Medicine* the routing of the form is as follows:

```
┌─────────────────┐
│   Department    │
│    Initiator    │
└─────────────────┘
         │
         ▼
┌─────────────────┐                    ┌─────────────────┐
│    SOM Vice     │──── MURC Funded ──▶│    Principal    │
│   President     │                    │ Investigator(s) │
└─────────────────┘                    └─────────────────┘
         │                                     │
  Not MURC Funded                              │
         │                                     ▼
         ▼                             ┌─────────────────┐
┌─────────────────┐                    │      MURC       │
│     Human       │◀───────────────────│   Compliance    │
│   Resources     │                    └─────────────────┘
└─────────────────┘
         │
         ▼
┌─────────────────┐
│     Budget      │
│   Department    │
└─────────────────┘
         │
         ▼
┌─────────────────┐
│     Payroll     │
│   Department    │
└─────────────────┘
```

EMPLOYEE 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**.

- Making changes to the phone number 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.

Employee Information

MUID:	DOB:	Last 4 Digits SSN:	
*			
First Name:	Middle Initial:	Last Name:	Suffix:
Email:	Phone:	Mobile:	

Address 1:

Address 2:

City:	State:	Zip:

County:

JOB INFORMATION

- Most **Actions** will display a **Job Information** section. Fields in this section will vary, depending on the **Action** selected. Please be sure to enter all required fields (indicated with a *) and any optional fields where they apply.

- If the FTE is changing, enter the percentage (%) in the **FTE Change** field.

Job Information
New Title: EClass *(to be entered by HR)*:

New Title:
* -- Choose --

EClass *(to be entered by HR)*:
*

Is position MURC funded?
* -- Choose --

Is a funding source or distribution (%) change required?
-- Choose --

Salary:
*

Job Information

FTE Change:
* _____ %

Is position MURC funded?
* -- Choose --

Is a funding source or distribution (%) change required?
* -- Choose --

Salary:
*

FORMER/CURRENT JOB INFORMATION

- If applicable, a **Former/Current Job Information** section will appear. The information of the employee's current or former job will automatically fill based on the **MUID**.
  - o **Note**: For security precautions, the **Salary** field will not autofill until after the form is submitted.

Former/Current Job Information
Position #: Suffix: Title:
EClass: MURC Funded:
Salary *(autofills at Dean or VP approval)*: FTE: ___ %
FTE Change: ___ %
Source Fund 1: Source Org 1: Source 1 Percentage: ___ %

JOB TO TERMINATE

- When the **Action** selected is a *Termination*, a **Job to Terminate** section will appear, and the fields will automatically fill based on the **MUID**.
  - o **Note**: For security precautions, the **Salary** field will not autofill until after the form is submitted.

Job to Terminate
Position #: Suffix: Title:
EClass: MURC Funded:
Salary *(autofills at Dean or VP approval)*: FTE: ___ %
Source Fund 1: Source Org 1: Source 1 Percentage: ___ %

NEW HIRE JOB INFORMATION

- When the **Action** is **Hire**, a **New Hire Job Information** section will appear. Select the **Faculty Type** from the drop-down menu.
    - o If the employee will be a 9 month, 10 month, or 11 month faculty member, be sure to remind the employee to complete a [Pay Option Form](#).

- Please be sure to enter all required fields (indicated with a *) and any optional fields where they apply.

- If the **Faculty Type** is **1 Academic Year Temporary** or **One Semester Temp**, enter an **End Date**.

New Hire Job Information

Faculty Type:
*-- Choose --

I9 Status:

Position Number:
*

Position Title:
*-- Choose --

Home Org:
*

Department:
*

Campus:
-- Choose --

Building:
-- Choose --

Wage/Salary:
*

FTE:
%

EClass Code:

PClass Code:

EEO Code:

Supervisor MUID:
*

Supervisor Name:

Supervisor POSN:

FUNDING INFORMATION

- When **Funding Information** is required, select the MU fund(s) and org(s) from the **MU Fund** and **MU Org** drop-down fields. **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. Enter the percentages in the **Source Percentage** fields.
    - **Note:** Source percentages MUST equal 100% in the **Total %**, or the form cannot be submitted.

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

Funding Information
☑ This position is split funded.

MU Fund:	MU Org:	Source 1 Percentage:
* -- Choose -- ▼	* -- Choose -- ▼	* ___ %
Fund Title:	Org Title:	
Invalid Fund	Invalid Org	
MU Fund 2:	MU Org 2:	Source 2 Percentage:
* -- Choose -- ▼	* -- Choose -- ▼	* ___ %
Fund Title:	Org Title:	

Total % *Must equal 100%*:

0 %

Total does not equal 100%.
You cannot submit this form until the Total % = 100%

MURC FUNDING

- If "2195" or "9195" is entered into any of the **MU Org** fields, or if the employee's former/current position is MURC-funded, a **MURC Funding** section will appear.

- Enter the MURC funding information, along with each MURC fund's Principal Investigator. To enter the P.I., enter their **First Name** and/or **Last Name** to search, then select the individual from the drop-down list.
    - A MURC fund's P.I. must approve the PAR before it can be processed. Be sure to enter each fund's P.I.
        - **It is only necessary to list unique Principal Investigators.** If the position is split-funded in the MURC section, entering the same P.I. twice requires the P.I. to sign twice unnecessarily. If a fund's P.I. has already been listed in the P.I. fields previously, leave these fields blank.

Funding Information

☐ This position is split funded.

MU Fund:
* 112500

MU Org:
* 2195

Fund Title:
Federal Grants Unrestricted-MU

Org Title:
Research Corporation Payroll

MURC Funding

Please enter the **Principal Investigator assigned to each MURC fund** by searching the first and/or last name, then select the individual from the drop-down list. If you're unsure of the P.I., please contact your assigned MURC Compliance Administrator.

It is only necessary to list unique P.I.s. Entering the same P.I. twice requires them to sign twice. If a fund's P.I. has already been listed, leave the P.I. fields blank.

☐ This position is split funded.

MURC Fund:
*

MURC Org:
*

PI First Name: PI Last Name:

Select PI from list:
* -- Choose --

DEPARTMENT SIGNATURE

- Enter Comments, as needed.

- Once electronically signed, click **Submit Form** at the bottom of the page.

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 processed.