

Romulus Community Schools

Personnel Action Request (PAR)

Employee Name _____ Location _____ Effective Dates _____

Position Held _____ Employee Signature _____ Date _____

Individual Absence	No. of Days	_____	No. of Days	_____
Personal Illness	_____		Vacation	_____
Family Illness	_____		Comp Time	_____
Personal Business	_____		Other*	_____

(Describe Other in Comments Box Below)

* Do NOT use this PAR form for School Business related absences – you MUST use the **Release Time Request Form** (see website)
 Do NOT use this PAR form for Leave of Absence Request – you MUST use the **Request for Leave of Absence – Form A** (see website)

Bereavement Leave	Change Personal Information:
Relationship: _____	Change Name to: _____
Location of Funeral: _____	Change Address to: _____
Dates Requested: _____	Change Telephone # to: _____

Comments:

**** ADMINISTRATIVE USE ONLY ****

<input type="checkbox"/>	Paid	Principal/Supervisor/Director Signature 1 _____
<input type="checkbox"/>	Nonpaid	Director Signature 2 _____
<input type="checkbox"/>	Not Chargeable to Sick Bank	Director/Supt Signature 3 _____

Human Resources
 Business Office
 Supervisor
 Employee
 Payroll