



**ANDREA L. WEAVER
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Form Effective Date: Oct. 10, 2018

UNION COUNTY PERSONNEL ACTION REQUEST FORM (PAR)

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____ **EMPLOYEE ID:** _____

Please indicate type of request:

Requests/Remarks:
*MAY ATTACH ADD'L
PAPERWORK IF
NECESSARY

Effective Date: _____

DEMOGRAPHIC

Address 1: _____ **SSN:** _____

Address 2: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phones: Home _____ **Cell:** _____

Work _____ **Other:** _____

DOB: _____ **Hire Date:** _____ **Adjusted Hire Date:** _____

Marital Status: _____ **Ethnicity:** _____ **Gender:** _____

EMPLOYMENT INFORMATION

Supervisor #: _____

Job #: _____ **Location:** _____

Retirement Type:

If New Hire or Re-Hire, has this employee retired from OPERS, LEPERS, or STRS? NO YES

PAY RATE & STATUS INFORMATION

Pay Type:

Pay Status:

_____ **Base Hourly Rate -OR- Biweekly Salary** **Hours/Pay Period** **Annual Salary** **Annual Hours**

Rate 1 _____

Rate 2 _____

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LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____ **EMPLOYEE ID:** _____

PAY DISTRIBUTION/ALLOCATION

Base Department Code	ORG	OBJECT	PROJ	PERCENT% <i>(must equal 100% total)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCRUAL ADJUSTMENTS

Comp: _____ **Personal:** _____ **Sick:** _____ **Vacation:** _____

Additional
Remarks:

PAYOUTS

Reason for Payout Request:

Effective Rate of Payout (must be converted to hourly rate if salaried) \$ _____ /hr

Sick: _____ hours \$ _____

Vacation: _____ hours \$ _____

Comp: _____ hours \$ _____

Personal: _____ hours \$ _____

AUTHORIZATION

Action by Appointing Authority:

Name (Signature required, not typed)

Date

FOR AUDITOR'S OFFICE ONLY

Date Stamp:

Date Entered: _____ Initials: _____

New Hire forms submitted:

- | | |
|---|---|
| <input type="checkbox"/> (3) TAX Withholding Forms - Federal W-4, State IT-4, Local Withholding | <input type="checkbox"/> Social Security Exemption Notice |
| <input type="checkbox"/> OPERS Personal History Record | <input type="checkbox"/> I-9, Federal Homeland Security |
| <input type="checkbox"/> Direct Deposit Authorization | <input type="checkbox"/> Fraud Reporting Receipt Notification |
| <input type="checkbox"/> Ohio Ethics Law Receipt | |