



**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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## 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  |   |