

DJJ BUREAU OF HUMAN RESOURCES – (PERSONNEL ACTION REQUEST (PAR) CHECKLIST)

EMPLOYEE NAME: _____ **SUPERVISOR NAME:** _____ **EMPLOYEE PF ID # (if applicable):** _____

POSITION NUMBER: _____ **PAR NUMBER:** _____ **OFFICIAL CLASS TITLE:** _____

PERSON SUBMITTING DOCUMENTS: _____ **(PHONE #):** _____ **DATE SENT:** _____

ORIGINAL APPOINTMENT/NEW TO DJJ MANAGER COMPLETE/VERIFY PF SCREENS	PRINT NAME HR/PAR LIAISON DOCUMENTS SUBMIT TO BHR-TALLAHASSEE	CONTINUE – HR/PAR LIAISON DOCUMENTS SUBMIT TO BHR-TALLAHASSEE	CONTINUE – HR/PAR LIAISON DOCUMENTS SUBMIT TO BHR-TALLAHASSEE
<p><u>Required Info Prior to Initiating PAR</u></p> <ul style="list-style-type: none"> • Background Screening Result • Check BSU for Prior Screening • Drug Screening Results • Ergometric Testing Results (Only Direct Care Staff) • Copy of Social Security Card (name entered into People First must be exact match to card) • Copy of Driver’s License • Selective Service Results (males born on and after 10/1/62) • Inquire if employee has a People First User ID number; (worked for a state agency, university, retiree) <p><u>Initiate PAR</u></p> <ul style="list-style-type: none"> • Include in comment section of PAR – Justification for appointment of applicant- CS/SES/SMS • Justification for salary appointment above the minimum <p align="center">REQUIRED INFO FOR PAR SCREENS</p> <p><u>Manager Completes/Audits:</u></p> <ul style="list-style-type: none"> ___ Name <u>must</u> exactly match the Social Security Card ___ Social Security Number, Gender, Date of Birth ___ Home Address ___ Appointment Status accurate? ___ EEO/Veteran’s Status ___ Work Contact/DJJ Email Address ___ Key Service Dates (View Only) ___ DROP/Retirement (View Only) ___ Pay Info (View Only) ___ Driver’s License (required on position description)* ___ Employee Education* ___ Professional Licenses and Certifications (includes Selective Service Registration)* ___ Assign Property (optional)* <p><u>Employee Completes:</u></p> <ul style="list-style-type: none"> ___ Employee Phone Number ___ Emergency Contact ___ Employee Language ___ W-4 <p><u>Employee Verifies:</u></p> <ul style="list-style-type: none"> ___ Verify Personal Information screens for accuracy <p>*Screens are not in the initial onboarding PAR screens. Screens are completed after completion of the PAR.</p>	<p>Documents are submitted to PAR Liaison – PAR Liaison Submits to Bureau of Human Resources New Hire Package Forms should be obtained from DJJ Intranet- Forms Library or From the Bureau of Human Resources Tab on DJJ Intranet Site</p> <p align="center"><u>NEW HIRE TO THE AGENCY DOCUMENTS</u> <u>(Please submit documents in order as listed)</u></p> <ul style="list-style-type: none"> ___ PAR Checklist ___ Approved Budget Analysis (non-direct care position) ___ Copy of Letter of Offer (Employment) ___ State of Florida Employment Application/Resume ___ Affidavit of Application (Direct Care Staff Only) ___ Copy of Education/Certificates/License ___ Copy of DD214 (If Applicable) ___ Selective Service Registration (go to www.sss.gov) ___ Employment Verification/Reference Checks ___ Ergometric Results & Non-Disclosure Document (Only Direct Care Staff) ___ Collection/Usage of Social Security Number ___ Completed I-9 and Documentations ___ Background Screening results Date Submitted _____ Date Completed _____ ___ Applicant Drug Testing Consent (Employee Signed) ___ Drug Screening Results Date Submitted _____ Date Completed _____ ___ Oath of Loyalty & DJJ Handbook Receipt ___ Statement of Personal Responsibility Policy Receipt ___ Drug-Free Workplace Policy/Statement Receipt ___ Violence In the Workplace Policy Receipt ___ Sexual Harassment Policy Receipt ___ Internet Access User Agreement Receipt ___ Public Record Disclosure Exemption ___ Florida Retirement Certification (FRS) Form ___ Driver’s License Check Results (Must be on Position Description) ___ OPS Health Benefits Signed Receipt – (OPS Only) ___ Provide Biweekly Payroll Schedule ___ Provide New Employee Checklist Summary ___ Provide EE Code of Ethics/Personal Responsibility ___ Provide Employee Handbook ___ Provide OPS Information Sheet (OPS ONLY) ___ Provide FAQs for OPS Employees (OPS Only) ___ Bencor 401(A) Plan Summary for OPS (OPS Only) 	<p align="center"><u>RECRUITMENT/SELECTION DOCUMENTS</u></p> <ul style="list-style-type: none"> ___ DJJ Interview Rating Form (Req. & Pos. #) ___ Copy of interview questions, desired responses and score/point guide ___ Selection criteria used to determine applicants interviewed and selected ___ Interview questions/answers, work samples, willingness questionnaires, supplemental applications, written test, ranking/rating information, etc., used in the selection process <u>for each applicant interviewed.</u> <p align="center"><u>PROMOTION</u></p> <ul style="list-style-type: none"> ___ Copy of Letter of Offer ___ Application/Resume ___ Affidavit of Application (Direct Care Only) ___ Copy of Education ___ Certificates/License ___ Ergometric Results & Non-Disclosure Document (Only Direct Care Staff) ___ Employment Verification/Reference Checks ___ Selective Service Registration ___ Drug Screening Results (Direct Care Staff Only) Date submitted _____ Date Completed _____ ___ Approved Budget Analysis (non-direct care position) ___ Recruitment/Selection Documents (See Above) ___ Check for Performance Close-Out ___ Check and Update Driver’s License (for required positions) <p align="center"><u>CS TO SES, SES TO CS, SES to SES, OPS TO CS OR SES</u></p> <ul style="list-style-type: none"> ___ Copy of Letter of Offer ___ Application/Resume ___ Affidavit of application (Direct Care only) ___ Copy of Education (New to the Class) ___ Certificates/License (New to the Class) ___ Ergometric Results & Non-Disclosure Document (Only Direct Care Staff) ___ Selective Service Registration ___ Employment Verification/Reference Checks ___ Drug Screening Results (Direct Care Staff Only) Date submitted _____ Date Completed _____ ___ Approved Budget Analysis (non-direct care position) ___ Recruitment/Selection Documents (See Above) ___ Check for Performance Close-Out ___ Check and Update Driver’s License (for required positions) 	<p align="center"><u>LATERAL, REASSIGNMENT, OPS to OPS</u></p> <ul style="list-style-type: none"> ___ Memo to employee (Admin. Movement or Request From Employee) ___ Letter of Offer (position advertised) ___ Update flex schedule in People First (if applicable) ___ Application/Affidavit of Application(Direct Care Position) (Career Service Movement if Advertised) ___ Approved Budget Analysis (non-direct care position) ___ Recruitment/Selection Documents (If Position Advertised, Column 3) ___ Check for Performance Close-Out (see Matrix) <p align="center"><u>DEMOTIONS</u></p> <p><u>VOLUNTARY:</u></p> <ul style="list-style-type: none"> ___ Application/Resume ___ Affidavit of Application (Direct Care Only) ___ Copy of Education (New to the Class) ___ Certificates/License (New to the Class) ___ Employee Verification/Reference Check (If Applicable) ___ Memo to or from employee ___ Drug Screening Results Date submitted _____ Date Completed _____ ___ Approved Budget Analysis (non-direct care position) ___ Check for Performance Close-Out <p><u>INVOLUNTARY DEMOTION:</u></p> <ul style="list-style-type: none"> ___ Copy of letter of appointment ___ Other documents to support action ___ Check for Performance Close-Out <p align="center"><u>SUSPENSION & RETURN FROM SUSPENSION</u></p> <ul style="list-style-type: none"> ___ Authorization to Suspend ___ Letter of Suspension ___ Suspension PAR and Timesheet Completed Timely ___ PAR Return From Suspension <p align="center"><u>SEPARATION/TERMINATION</u></p> <ul style="list-style-type: none"> ___ Resignation Letter/Acceptance Documentation ___ Dismissal Letter and Supporting Documents (HQ Representative provides to HR) ___ Ensure Timesheets Submitted & Approved for the Pay Period of the Separation After Acting Upon and Completing the PAR ___ Complete Employee Notice Of Separation (SNS System Manager Desk Top) ___ Complete Employee Separation Form (Completed by separating employee’s immediate Supervisor) ___ Provide Completed Copy of Employee Separation Form To Employee ___ Network User Account Deletion Form (Provide to MIS Staff) ___ Check for Performance Close-Out
<p>Revised 10/21/2015</p>			