

This PAR is For: JERSEY CITY MEDICAL CENTER Select from Drop Down Entity: 11
 Employee Location: JC JERSEY CITY

SECTION "A"
 LAST NAME: DALALIAN FIRST NAME: RACHELE M.I.:
Select from Drop Down
EMPLOYEE'S or NEW HIRE'S NAME THIS PAR IS FOR: A CURRENT EMPLOYEE Enter Last 4 Digits Only
 Employee ID #: 11 0000 6766
 Answer the Following Questions, Complete Section B and All Applicable Data
 CURRENT EMPLOYEE'S TITLE: RN CHARGE NURSE Employee TYPE: Full Time
 CURRENT DEPARTMENT: LABOR & DELIVERY 4 WEST JCMC DEPT. COST CENTER: 6195 ENTER POSITION TYPE: Non-Union Position

SECTION "B" **SECTION "B" TYPE OF ACTION REQUESTED**
 Select from the Drop Down list the reason for submitting this PAR. Follow instructions
TYPE OF ACTION REQUESTED Department Change, Position & Salary Change
 Enter Effective Date (Complete Section "D" and "E", if Applicable)
REQUESTED **REQUESTED** **EFFECTIVE DATE FOR ACTION** 11/28/2010

SECTION "C"
NEW HIRE DATA
 NEW HIRE TITLE: _____ Hiring Dept. _____
 _____ Job Class #: _____ Hiring Cost Center: _____
 Hiring Status: _____ Position Control # (HR Use only): _____
 ENTER Hiring Salary (As Determined by HR) _____ Annual Hours: _____ FTE: _____
 SCHEDULED BI-Weekly Hours: _____
 Regular BI-Weekly Hours: _____
 Years of Experience: 0
 Name of Empl. Being Replaced: _____

SECTION "D" **POSITION / TITLE CHANGE** JC #: _____ **ENTITY CHANGE**
TITLE CHANGE, CHANGE OF STATUS Current Title: _____ Old _____ Select New Entity _____
 New Title: RN Non-Union Position NEW LLC-LIBERTY HEALTHCARE MANAGEMENT
 (TRANSFER, DEPARTMENT or ENTITY CHANGE) _____
 Current Dept. LABOR & DELIVERY 4 WEST JCMC Current Cost Center: 6195 **BI-WEEKLY HOURS and FTE CHANGE**
 New Dept.: PERFORMANCE IMPROVEMENT New Cost Center: 7810 BI-Weekly Hours: _____
ENTITY CHANGE OR TRANSFER **CHANGE OF STATUS** Years of Experience _____ Current New: _____
 FROM: _____ Current Position: _____ For NEW Position: _____
 TO: _____ Regular BI-Weekly Hours: _____

SECTION "E" **ENTER SALARY CHANGE INFORMATION, AS DETERMINED BY HUMAN RESOURCES OR UNION CONTRACT**

ENTER Current BI-Weekly Hours:	Enter Sal Type	Annual Salary is	BI-Weekly Hrs.	Annual Hrs.	CHANGE SHIFT & AMOUNT:
Current Salary:	Hourly	#VALUE!		#VALUE!	FROM: \$
Proposed (NEW) Salary	Hourly	#VALUE!		#VALUE!	TO: \$
Increased Amt.: <u>0.00</u>	Hourly	#VALUE!		#VALUE!	
% Increase: #DIV/0!	DATE OF HIRE:				ENTER CURRENT SHIFT: _____

ENTER REASON FOR SALARY CHANGE (Select from Drop Down)
Step Increase / Adjustment ENTER NEW SHIFT: 1st Shift (Day)
 Comments: _____

SECTION "F" **LOA**
 From: _____ Reason For LOA (Select from Drop Down) LOA Extension Request (if applicable, attach document)
 To: OTHER/Personal Leave (Explain): From: _____ To: _____

SECTION "G" **APPROVALS**
 KAREN HENDERSON 0 Date: _____ Date: _____
 COORDINATOR 12/14/2010 0
 Originator's Name, Title & Date Dept. Head Name, Title & Signature CEO/ Sr. VP/ VP's Name & Signature Title Human Resources