Fill a Vacant Position E-PAR Worksheet

Position Number



General Instructions: Use this worksheet to collect the information necessary to launch the Fill a Vacant Position Enterprise Position/Personnel Action Request (E-PAR). Do not attach this document to the E-PAR.

Instructions to the Hiring Manager or Designate: Once the candidate has accepted the job offer and you have explained the online orientation process (see *Supervisor's Onboarding Handbook* for details), please complete Parts 1 and 2. Submit this document to your HR office for further processing.

I-9 Verifier

Part 1: Vacancy Information (to be completed by the hiring manager)

Organization			Job Title					
Work Address:								
Building								
Address 1								
Address 2								
City				State	tate Zip			
Headquarters County	Headqua	arters Municip	ality			Position Zip		
Supervisor's Name	I							
Part 2: Employee Informa Confirm with the employee a								
Last Name		First Name		•	Middle Name			
Title (e.g. Mr, Mrs, Ms, etc.)		Designation (e.g. MD, DDS, PhD, Esq, etc.)		D,	Suffix (e.g. Sr, Jr, II, III, etc.)			
Birth Date Social S		Social Secu	ial Security Number			Gender		
Permanent Residence:								
Address 1			Address 2					
City			State			Zip		
Home Phone Cell Phone						Home E-mail		
			for Tax Purposes			Municipality Type □ City □ Borough □ Township		
Mailing Address (if different	than abov	/e):						
Address 1			Address 2					
City			State			Zip		

Instructions to the HR Office: Upon receipt of completed Parts 1 and 2, launch the *Fill a Vacant Position* E-PAR. Verify that the work address and other information are accurate within the E-PAR. Use Part 3 below as a worksheet to complete the required fields in the E-PAR. Submit the E-PAR directly to the HR Service Center 14 days in advance of the effective date.

Part 3: E-PAR Information (to be prepared by the HR office)

Employee Action	Personne	el Number	Effective Date		Estimated End Date
Personnel Area		Personnel Subarea	Pay Area		1
Organization ID	Organization Name		Work Contract		Confidential Indicator
Job Code	Job Name		Union Local		UC Exemption
Employee Group	Employee Subgroup		Contract Type		Headquarters Municipality
Pay Term	Pay Rate		Pay Group		Pay Level
QHOL Hours	Annual EPR Date		CS Cert		BSE No
Furloughee Final Check Date		Time Admin Code		Work Schedule Rule	