

Thomas Jefferson University Hospitals
PAR Addendum
(Updated – April 20, 2011)

Position Title: _____

PAR# _____

This form must be signed and included with all Position Authorization Request (PAR) forms for new or replacement positions and with requests for any increase in paid hours. Give this form along with the PAR/PAF to Human Resources after VP signature is obtained.

1. With your request, please attach the following documents:

- Job description with signature from Direct Compensation and salary grade.
- Labor Benchmarking Reports where available (include regular hours, overtime and agency). **For Solucient benchmarked departments, please provide facility and compare group trend reports. Please contact Jean McNeil (3-5741) if you need assistance with trend report.* (NEW)**
- From Hyperion – budget vs. actual FTEs, budget variance report, volume/activity report.
- For a replacement position, attach a copy of the PAF terminating the incumbent employee.

PLEASE ALSO NOTE:

- **One PAR addendum per PAR * (NEW)**
- **Complete the entire PAR where applicable * (NEW)**
- **If all items are not completed by Thursday's prior to the meeting your request may be delayed * (NEW)**

2. Describe any extenuating circumstances not reflected in these reports:

3. Is there an opportunity for a reduction in another area to compensate for the expense of adding this position?

4. What would be the consequence of not adding this position or these hours for six months?

Department Head submitting request: _____
Date

VP Review: _____
Date

*** NEW: If any of your department labor expenses are normalized to another cost center for benchmarking, please describe what, if any, impact this staffing request will have.**