



PERSONNEL ACTION REQUEST (PAR FORM)

HUMAN RESOURCES DIVISION
CHICAGO POLICE DEPARTMENT

TODAY'S DATE

MEMBER'S INFORMATION

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)	STAR NO.	EMPLOYEE NO.	UNIT ASSIGNED
EFFECTIVE DATE	JOB TITLE		

TYPE OF ACTION REQUESTED (Check only one box.)

- | | |
|---|---|
| <input type="checkbox"/> LEAVE, DISABILITY PENSION - SWORN ONLY | <input type="checkbox"/> UNPAID ABSENCE (29 DAYS AND UNDER) NO INSURANCE BENEFITS |
| <input type="checkbox"/> LEAVE, OTHER (30 DAYS AND OVER) | <input type="checkbox"/> LEAVE, EXTENSION OF |
| <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> RESIGNATION |
| <input type="checkbox"/> TRANSFER REQUEST | <input type="checkbox"/> SEPARATION TO ACCEPT OTHER CITY POSITION/TITLE |
| <input type="checkbox"/> RECOGNIZED OPENING BID (FOP) | <input type="checkbox"/> FAMILY MEDICAL LEAVE ACT (FMLA) |
| <input type="checkbox"/> RECOGNIZED VACANCY BID (FOP) | <input type="checkbox"/> FAMILY MEDICAL LEAVE ACT (FMLA) INTERMITTENT |

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO.: _____ <input type="checkbox"/> RECOGNIZED VACANCY LISTING AMC NO.: _____		POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER'S SIGNATURE			STAR NO.

LEAVE OF ABSENCE AGREEMENT (Member must complete this agreement when requesting any leave of absence.)

TO SUPERINTENDENT OF POLICE:

I HEREBY TENDER MY RESIGNATION AS _____ FROM THE DEPARTMENT OF POLICE,
 (POSITION OR RANK)
 TO TAKE EFFECT IF I FAIL TO REPORT FOR DUTY IMMEDIATELY AT THE EXPIRATION OF MY LEAVE, _____
 (EXPIRATION DATE OF LEAVE)

(SIGNATURE OF MEMBER)

I HEREBY ACCEPT THE RESIGNATION OF _____ BECAUSE OF FAILURE TO COMPLY WITH ABOVE
 AGREEMENT, THIS _____ DAY OF _____, 20____.

 (SUPERINTENDENT OF POLICE)

REMARKS SECTION

SIGNATURES

SIGNATURE OF MEMBER (IF REQUIRED)	RECOMMEND	SIGNATURE & TITLE
	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
RECOMMEND	SIGNATURE & TITLE (UNIT C.O.)	SIGNATURE & TITLE
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL

HUMAN RESOURCES DIVISION SECTION ONLY

RECOMMEND	SIGNATURE	RECOMMEND	SIGNATURE
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVED	

COMMENTS	BIA CLEARANCE AS OF:
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