



# Par Level Action Form

*\*Please forward adjustment approvals within 2 days*

Building Name: _____	Room # _____
Submitted By: _____	Phone # _____
Email Address: _____	
Approved By: _____	Phone # _____
<input type="checkbox"/> Par Adjustment	<input type="checkbox"/> Closet Correction
	<input type="checkbox"/> Service/Product Concern

### Requested Adjustments

Item #	Old Par	New Par	Unit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Correction in Closet (label missing, wrong stock #, unit issue, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Resolution History

Step 1 \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Step 2 \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Step 3 \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Date Completed: \_\_\_\_\_

\* Please forward to U Market Services: Fax: 4-5778 Email: [parlevel@umn.edu](mailto:parlevel@umn.edu)