University of Louisiana at Lafayette
Personnel Action Form

Full Name *(Last, First, MI)* _____

Department Name _____

Job Title _____

Name & ULID of Supervisor _____

Assigned Department # _____

Contact Email _____

ULID or SSN _____

Date of Birth _____

Proposed Effective Date _____

ReqID _____

New Position: ☐ Yes ☐ No
(If No, Incumbent TBN)

Important Payroll Processing Information

Bi-weekly Payroll:
Fully Approved PAFs must be received by HR by the Monday following the timesheet due date for the employee to be included in the current bi-weekly payroll.
Entry of PAFs for the next cycle may resume on the following Thursday.

Monthly Payroll:
Fully Approved PAFs must be received by HR no later than five (5) business days before the end of the month to ensure payment in the current payroll cycle.
Entry of PAFs for the next cycle may resume on the 1st of the following month.

ACTION TO BE TAKEN *(Choose ONLY one of the four in bold)*

☐ **New Hire** ☐ **Rehire** ☐ **Continuing Appointment** (Attach Resume/Application)

Transfer in? ☐ No ☐ Yes | If Yes from where? _____

☐ Full Time
☐ Part Time   Percent Employed _____ %
  ☐ Classified   ☐ Unclassified
    ☐ Probational   ☐ Staff
    ☐ Permanent   ☐ Academic/Faculty -
    ☐ WAE (1245 hours   Tenure Track? ☐ Yes ☐ No
      max)
    ☐ Emergency Temporary   End Date: _____

Temporary (Pooled Position/Adjunct)
From _____   To: _____
☐ Full Time ☐ Part Time   Percent Employed _____ %
  ☐ Academic/Faculty
☐ Temporary Part-time (Formerly Casual Labor)

☐ Check if this is a retiree returning to work

☐ Graduate Teaching Assistant   ☐ Doctoral Fellow
☐ Graduate Research Assistant   ☐ Masters Fellow
☐ Graduate Assistant   ☐ Tuition Waiver Only
☐ Student Worker
    ☐ Federal Work Study

Appointment Period: ☐ Fall Semester   ☐ Fall Break
Fall & Spring   ☐ Spring Semester   ☐ Spring Break
Semester   ☐ Summer Session   ☐ Summer Break
    ☐ Other: _____

# of hours working per week: _____

☐ **Job Change/Modify Appointment**
  ☐ Department Change   Interim Appointment
  ☐ Promotion (Classified only)
  ☐ Position Change/Reallocation
  ☐ Probation to Permanent ☐ Granted ☐ Not Granted
  ☐ LWOP   From: _____   To: _____
  ☐ LWP   From: _____   To: _____

☐ **Salary Adjustment/Pay Rate Change** *(attach justification)*
  ☐ Base Pay   ☐ Special Pay
  ☐ Variable Pay   ☐ Other
  ☐ Extra Compensation   Summer Pay

Home Dept Supervisor Approval: _____
(For Extra Comp Only)

☐ **Termination/Agency Transfer Out/Cancel Appointment**
  ☐ Resignation   ☐ Dismissal
  ☐ Retirement   ☐ Expiration of Appointment
  ☐ Death   ☐ Cancelation of Appointment
  ☐ Transfer to: _____

WORKLOAD AY

Sem	Course#	Sec.#	Credit Course	Title

Activities (i.e. advising, research, scholarship)

COMMENTS/JUSTIFICATION:

Pay Rate: $ _____   Indicate If: ☐ Hourly ☐ Monthly   ☐ Academic Year (9 mo.) ☐ Annual Year (12 mo.) ↳☐ Does Not Earn Leave   ☐ Semester ☐ Other _____

Funding Source:

Main Operating Account: _____ %   Other: _____ %
Other: _____ %   Other: _____ %
Other: _____ %   Other: _____ %
Other: _____ %

Adjunct Faculty Funds: Graduate Assistant, Tuition Waiver: ☐ Yes ☐ No   **Dept. # Charged** _____

Tenure Probationary Period: _____   **Tenure Review Code:** _____
(PROVOST OFFICE USE ONLY)

EDUCATIONAL DEGREES:

Degree	Date	University	CIP Code	Major Area

Total years of full-time teaching experience (excluding G.A.): _____ Other: _____
    Of the total, list number of years at UL Lafayette: _____
Total years of other professional-related experience: _____ Other: _____
    Of the total, list number of years at UL Lafayette: _____

List Recent Related Positions:

Dates	Employer	Position
to		
to		
to		

If employed previously at UL Lafayette, indicate date _____ Department _____
Candidate meets the SACSCOC teaching criteria (*check only one of the four primary options*):

1. By Degree (Undergraduate Only)
2. By Terminal Degree (Undergraduate and Graduate Level)
3. Does not include instruction

4. By other Qualifications (check all that apply) *attach justification and evidence*

    Professional Experience   Honors and Awards Scholary
    Excellence in Teaching   Publications
    Licensure

Pending receipt of official transcript from: _____ **by:** _____

DEGREE DESIGNATIONS (Budgetary Purposes): [B; M; M+1; M+2; ABD; D] _____

Personnel Action Form Approvals

Routing Order	Print Name	Signature	Submission Date
(1) Submitted By:			

By signing I acknowledge that an official employment offer must not be made prior to final approval of the action by the President and that completion of all required employment documents must be verified through Human Resources prior to the employee's first day of work. Unauthorized hiring may result in disciplinary action.

Routing Order	Print Name	Signature	Submission Date
(2) Department Head/Director:			
(3) Dean of College (If Applicable)			
(4) Dean of Graduate School (If Applicable)	Dr. Mary Farmer-Kaiser		
(5) Faculty Affairs (Academic Affairs Only)	Robert McKinney		
(6) CHRO/EEO:	Lelanya G. Douet		
(7) Budget/SPFAC (SPFAC-Restricted Accounts Only)			
(8) Vice President:			
(9) Provost (If Applicable)	Dr. Jaimie Hebert		
(10) President:	Dr. Ramesh Kolluru		
(11) Vice President, Administration & Finance	Dr. Edwin Litolff		

For HR & Budget Use Only:

Position Information: Incumbent CLID: _____   **EEO Number:** _____

Job Code _____   Position Number _____
Position Title _____

FLSA   ☐ Exempt   ☐ Non-Exempt   Background Check Submitted: ☐ Yes   ☐ No   Completed Date: _____

Date Offer Made: _____   Date Offer Accepted: _____   Start Date: _____   On-boarding Date: _____