



University of Louisiana at Lafayette

Personnel Action Form

Official Effective Date
(HR USE ONLY)

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 max) Tenure Track? ☐ Yes ☐ No
☐ 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 & Spring Semester
☐ Fall Semester ☐ Spring Semester ☐ Summer Session
☐ Fall Break ☐ Spring Break ☐ 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 ☐ Cancellation 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 ☐ Academic Year (9 mo.) ☐ Semester
☐ Monthly ☐ Annual Year (12 mo.) ☐ Other
↳ ☐ Does Not Earn Leave

Funding Source:

Main Operating Account: _____ % Other: _____ %
Other: _____ % Other: _____ %
Other: _____ % Other: _____ %
Other: _____ % **0.00** %

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.): _____

Of the total, list number of years at UL Lafayette: _____

Total years of other professional-related experience: _____

Of the total, list number of years at UL Lafayette: _____

Other: _____

Other: _____

List Recent Related Positions:

Dates to to to	Employer	Position

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 instruction4. ☐ By other Qualifications (check all that apply) *attach justification and evidence*☐ Professional Experience☐ Honors and Awards Scholarly☐ 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.

(2) Department Head/Director: _____

(3) Dean of College

(If Applicable)

Not Applicable

(4) Dean of Graduate School

(If Applicable)

Not Applicable

(5) Faculty Affairs

(Academic Affairs Only)

Not Applicable

(6) CHRO/EEO:

Lelanya G. Douet

(7) Budget/SPFAC

(SPFAC-Restricted Accounts Only)

Budget/Finance

(8) Vice President: _____

(9) Interim Provost

(If Applicable)

Dr. Dianne Olivier

(10) President:

Dr. Ramesh Kolluru

(11) Interim Chief

Financial Officer:

Thomas M. Smith

For HR & Budget Use Only:**Position Information:**

Incumbent CLID: _____

EEO Number: _____

Job Code _____

Position Number _____

Position Title _____

FLSA

☐ Exempt☐ Non-ExemptBackground Check Submitted: ☐ Yes ☐ No

Completed Date: _____

Date Offer Made: _____

Date Offer Accepted: _____

Start Date: _____

On-boarding Date: _____