



# 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 # \_\_\_\_\_

ULID or SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Proposed Effective Date \_\_\_\_\_  
ReqID \_\_\_\_\_  
New Position:  Yes  No  
(If No, Incumbent TBN) \_\_\_\_\_

Street: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone: \_\_\_\_\_

### 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: \_\_\_\_\_ %

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: \_\_\_\_\_ Other: \_\_\_\_\_  
 Total years of other professional-related experience: \_\_\_\_\_  
 Of the total, list number of years at UL Lafayette: \_\_\_\_\_ Other: \_\_\_\_\_

**List Recent Related Positions:**

Dates 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)                        | 4. By other Qualifications (check all that apply) <i>attach justification and evidence</i> |
| 2. By Terminal Degree (Undergraduate and Graduate Level) | Professional Experience  |
| 3. Does not include instruction                          | Excellence in Teaching   |
|  | Licensure  |
|  | Honors and Awards  |
|  | Scholarly Publications   |

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 <small>(If Applicable)</small>	_____	_____	_____
(4) Dean of Graduate School <small>(If Applicable)</small>	Dr. Mary Farmer-Kaiser	_____	_____
(5) Faculty Affairs <small>(Academic Affairs Only)</small>	Robert McKinney	_____	_____
(6) CHRO/EEO:	Paul D. Thomas	_____	_____
(7) Budget/SPFAC <small>(SPFAC-Restricted Accounts Only)</small>	_____	_____	_____
(8) Vice President:	_____	_____	_____
(9) Provost <small>(If Applicable)</small>	_____	_____	_____
(10) President:	Dr. E. Joseph Savoie	_____	_____
(11) Vice President, Administration:	Jerry Luke LeBlanc	_____	_____

**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: \_\_\_\_\_