



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 Fall Break
 Spring Semester Spring Break
 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 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 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: _____