

PERSONNEL ACTION FORM



Date:

Nature of Action: Full Time Appt/Hire Transfer Classification/Change
 Hourly Appt/Hire Promotion Leave of Absence
 Separation Salary Change Return from Leave

Name: LOLA / Banner #: **REQUIRED UNLESS NEW HIRE**

COMPLETE AS FULLY AS POSSIBLE FOR ALL TRANSACTIONS

Current Address: Social Security #:
 Date of Birth: Gender:
 Race:
 Personal Email Address: Personal Telephone:
 Education:
 Highest Degree College/University Year Major
 Retirement Information: Is he/she a member of a Louisiana Retirement System? No Yes* **If yes to either*
 Is he/she retired from a Louisiana Retirement System? No Yes* *enter system name*

OLD POSITION DETAILS (if applicable):

NEW POSITION DETAILS:

Campus / Site	<input type="text"/>				<input type="text"/>				
Division / Department	<input type="text"/>				<input type="text"/>				
Position Title	<input type="text"/>				<input type="text"/>				
Academic Rank (if appropriate)	<input type="text"/>				<input type="text"/>				
Banner Position Number	<input type="text"/>				<input type="text"/>				
FOAPAL Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fund	Organization	Account	Program	Fund	Organization	Account	Program	
Time Sheet Approver	<input type="text"/>				<input type="text"/>				
Proposed Salary	\$ <input type="text"/> <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly				\$ <input type="text"/> <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly				
Effective Date	From: <input type="text"/>	<input type="text"/>	To: <input type="text"/>	<input type="text"/>	From: <input type="text"/>	<input type="text"/>	To: <input type="text"/>	<input type="text"/>	<input type="text"/>

JOB STATUS:

unclassified staff faculty (9-month) civil service / classified
 interim unclassified staff faculty (12-month) classified WAE (1245 hrs/year max)
 grants (9-month) administrator with rank exempt 4.1(c)8 / 4.1(d)1 (1245 hrs/year max)
 grants (12-month) tutor other (requires a full explanation be attached)

Reason for Transaction:

Recommended: 1) _____ Date _____
 Supervisor/Division Dean
 2) _____ Date _____
 Campus / Site Ex. Dean/Assistant Vice Chancellor
 3) _____ Date _____
 Appropriate Vice Chancellor

Availability of Funds	
4) _____ Date _____	Assistant Vice Chancellor for Financial Services
6) _____ Date _____	Vice Chancellor for Business & Admin. Affairs

Approved:

5) _____ Date _____ 7) _____ Date _____
 Assistant Vice Chancellor for Human Resources Chancellor Form