

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

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 _____
 Budget Manager

6) _____ Date _____
 Vice Chancellor for Business & Admin. Affairs

Approved:

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