



University of Louisiana at Lafayette

Personnel Action Form

Official Hire Date
(HR USE ONLY)

Full Name (Last, First, MI) _____
 Department Name _____
 Job Title _____
 Supervisor for this Position Dr. Jonathan Kulp
 Assigned Department # 2120

CLID/SSN _____
 Date of Birth _____
 Proposed Effective Date _____
 EEO# or ReqID _____
 New Position: Yes No
 (If No, Incumbent TBN) _____

Street: _____
Lafayette LA 70503
 City State ZIP
 Contact Email: _____
 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 08/21/2019 To: 12/13/2019
 Full Time Part Time Percent Employed 40.00 %
 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 Semester Fall Break
 Fall & Spring Semester 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
FA	MUS 321	001	3	Class Voice I MUS 321-001 (1,2,3)
FA	MUS 321	002	3	Class Voice I MUS 321-002 (1,2,3)

Activities (i.e. advising, research, scholarship)

COMMENTS/JUSTIFICATION:

This candidate meets the minimum English Proficiency requirements as described in Act 745 of the 1991 Session of the Louisiana legislature.

Pay Rate: \$ 3,666.70 Indicate if: Hourly Academic Year (9 mo.) Semester Fall 2019
 Monthly Annual Year (12 mo.) Other
 Does Not Earn Leave

Funding Source:

Main Operating Account: 1000-2120-10 100.00 % Other: _____ %
 Other: _____ % Other: _____ %
 Other: _____ % Other: _____ %
 Other: _____ % **100.00** %

Adjunct Faculty Funds: Graduate Assistant, Tuition Waiver: Yes No Dept. # Charged _____

Tenure Probationary Period: _____ Tenure Review Code: _____
 (PROVOST OFFICE USE ONLY)