



# 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: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Lafayette LA 70503 Home Phone: \_\_\_\_\_  
 City State ZIP

**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)

**Job Change/Modify Appointment**  Interim Appointment  
 Department Change  
 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: \_\_\_\_\_

Check if this is a retiree returning to work

- Graduate Teaching Assistant
- Graduate Research Assistant
- Graduate Assistant
- Student Worker
- Doctoral Fellow
- Masters Fellow
- Tuition Waiver Only
- 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: \_\_\_\_\_

**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)