



University of Louisiana at Lafayette
Personnel Action Form

Official Hire Date
(HR USE ONLY)

7/1/18

Full Name (Last, First, MI) _____
 Department Name _____ APR
 Job Title _____
 Supervisor for this Position _____
 Assigned Department # _____

Street: _____
 City _____ State _____ ZIP _____

RECEIVED
MAY 16 2018

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 _____ %
 Staff
 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
 Graduate Student (Hourly) Federal Work Study
 Student Worker (Hourly)
 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
 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 Out 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: 1000 9260 610201 40
 Main Operating Account: 2500 9260 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)

5/23

EDUCATIONAL DEGREES:

Deegree _____

Total years of full-time teaching experience (excluding G.A.): 0
Of the total, list number of years at UL Lafayette: 0 Other: 4
Total years of other professional-related experience: 0
Of the total, list number of years at UL Lafayette: 0 Other: 9

List Recent Related Positions:

_____ to _____

If employed previously at UL Lafayette, indicate date _____ Department _____

Candidate meets the SACS teaching criteria at the: By degree (Undergraduate Only) Undergraduate and Graduate Level
 By other competency (Undergraduate Only) Does not include instruction

Pending receipt of official transcript from: _____ by: _____

DEGREE DESIGNATIONS (Budgetary Purposes): [B; M; M+1; M+2; ABD; D] D


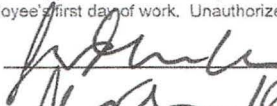
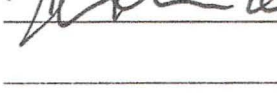
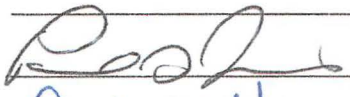
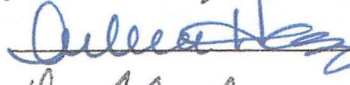
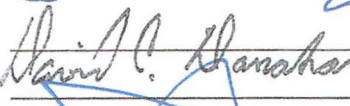

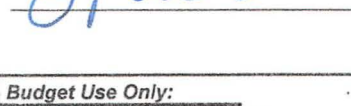
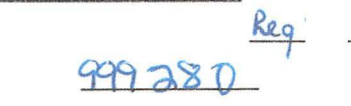
Personnel Action Form Approvals

Routing Order

Print Name

Signature

Submission Date

- (1) Submitted By: Jordan Kellman  04/16/18
- (2) Department Head/Director: Jordan Kellman  4-16-18
- (3) Dean of College (If Applicable): Jordan Kellman  4-16-18
- (4) Dean of Graduate School (If Applicable): Dr. Mary Farmer-Kaiser _____
- (5) Faculty Affairs (Academic Affairs Only): Robert McKinney _____
- (6) CHRO/EEO: Paul D. Thomas  4/20/18
- (7) Budget/SPFAC (SPFAC-Restricted Accounts Only): Budget/Finance  4-22-18
- (8) Vice President: _____  _____
- (9) Provost (If Applicable): _____  5/16/18
- (10) President: Dr. E. Joseph Savoie  5/18/18
- (11) Vice President, Administration: Jerry Luke LeBlanc  5/7/18

For HR & Budget Use Only:

Position Information: Incumbent Reg: 4E

SOC Job Code: 11-9033 999280

Position Title: _____

FLSA Exempt Non-Exempt Background Check Submitted: Yes No Completed Date: _____

Date Offer Made: _____ Date Offer Accepted: _____ Start Date: _____ On-boarding Date: _____

applied via Cornerstone