Clear Form

Louisiana State University Agricultural Center HRM Log#_____

PERSONNEL ACTION FORM 1A

This box to be completed by ALL units

CAMPUS
[ ] LSU AgCenter
[ ] LSU - Baton Rouge
[ ] _____

DIVISION
[ ] La. Agric Experiment St.
[ ] La. Coop Extension Svc
[ ] College of Ag
[ ] _____

Type Appointment
[ ]Acad./Unclass. Regular (>180 days)
[ ]Acad./Unclass. Temp (<181 days)
[ ]Classified Permanent/Probational
[ ]Classified Job Appointment
[ ]Classified Restricted Appointment
[ ]Master Posn. Descr

Type Action
[ ]Create New Position
[ ]Fill Vacancy
[ ]Update Position
[ ]Classified Reallocation
[ ]Add Admin. Duties

POSITION NUMBER_____ [ ] CURRENT OR [ ] PREVIOUS INCUMBENT_____
Resignation ltr received: [ ]Yes [ ]No Effective date:_____

UNIT/REGION_____ **Unit Code (1st 5 digits)** _____

JOB TITLE AND PERCENT EFFORT (Space is allowed for multiple titles for academic/appointed/unclassified positions.)

	Current Data: *Job Title*	*% Effort*	***Proposed Data:*** *Job Title*	*% Effort*
(1)				
(2)				
(3)				

PROPOSED EFFECTIVE DATE_____

Parish Chair Signature required for parish classified positions _____ **Date** _____

Portion below to be completed by all EXCEPT for parish classified positions

ACTION END DATE_____ **FUNDS END DATE**_____ **TEMPORARY ACTION END DATE** _____

Complete these four sections for Academic/Unclassified positions only

PROPOSED SALARY RANGE
Minimum_____
Midpoint_____
Maximum_____

FLSA CATEGORY
[ ]Non-Exempt
[ ]Exempt-Executive
[ ]Exempt-Administrative
[ ]Exempt-Professional

SOURCE OF FUNDS
(Check **all** that apply.**)**
[ ]State General Fund [ ]Federal
[ ]Grant or Contract [ ]Gratis
[ ]Auxiliary [ ]Restricted
[ ]Approp. Unrest. Self Generated

TYPE UNCLASSIFIED POSITION
[ ]Teaching
[ ]Admin. Officer
[ ]Professional

BUDGETARY INFORMATION: Position in Operating Budget (state or federal)? [ ]YES [ ]NO

Financial Approval	Account Number	Obj Code/ Project	Current Annual Salary	Proposed Annual Salary
		Totals:	0	0

PAY BASIS **From** **To**
Fiscal [ ] [ ]
Academic [ ] [ ]
Period of Appt. [ ] [ ]
Other _____ [ ] [ ]

TOTAL PERCENT EFFORT
From_____To_____

CLASSIFIED POSITIONS ONLY

	From	To
Workweek		
Monthly Rate		
Hourly Rate		

REMARKS:

SF-3 Current Review Date: _____

SIGNATURES: For academic/appointed/unclassified positions, signatures also certify recommendation that the position be unclassified as meeting the teaching, professional or administrative officer designation required by the Constitution and Civil Service Rules.

Unit Head Date

Dean/Director Date

Personnel Officer Date

Vice Chancellor Date

Chancellor Date

The reverse side (Personnel Action Form 1B) must be completed for Associates, Postdoctoral Researchers, Administrative and Unclassified positions.

Revised 08/06