

# PERSONNEL ACTION FORM

To be used for employees with a permanent PCN or Irregular Help employees on benefits

Use Temporary and Adjunct/Non-Credit Course PA for temporary employees and adjuncts (non LCSC employees) teaching non-credit courses

Use Adjunct Faculty/Credit PA for adjuncts (non LCSC employees) teaching courses for credit

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

SSN XXX-XX-\_\_\_\_

Effective Dates

Begin Date \_\_\_\_\_

End Date \_\_\_\_\_

Address\*

\*New hire only

**Check All That Apply**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New Hire (#10 & possibly #12) | <input type="checkbox"/> Payment in Addition (#11)                     | <input type="checkbox"/> Replacement PA - Original Dated _____ |
| <input type="checkbox"/> Contingent upon Grant Funding | <input type="checkbox"/> Payment in Addition/Adjunct Instruction (#15) | <input type="checkbox"/> Separation - Last Day Worked _____    |
| <input type="checkbox"/> Title Change (#11)            | <input type="checkbox"/> Leave of Absence with Pay (#11&12)            |  |
| <input type="checkbox"/> Salary Change (#11)           | <input type="checkbox"/> Leave of Absence without Pay (#11&12)         |  |
| <input type="checkbox"/> Budget Code Change (#11)      | <input type="checkbox"/> Sabbatical (#12)                              |  |

NEW HIRE or CHANGE TO (complete all information)				SEPARATION or CHANGE FROM (only complete what has changed)			
1. PCN				1. PCN			
2. Title				2. Title			
3. Department				3. Department			
4. FTE	█	If less than 1.00, complete #13 & attach Non-Working Hours Schedule		4. FTE	█	If less than 1.00, complete #13 & attach Non-Working Hours Schedule	
5. Salary	<input type="checkbox"/> Hired during contract period Budget Office to prorate salary			5. Salary	<input type="checkbox"/> Hired during contract period Budget Office to prorate salary		
Hourly Rate				Hourly Rate			
6. Classification				6. Classification			
7. Tenure Status				7. Tenure Status			
8. Health Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>		8. Health Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. Budget Code/%	█-█-█	█	% (whole percent only)	9. Budget Code/%	█-█-█	█	% (whole percent only)
Budget Code/%	█-█-█	█	% (whole percent only)	Budget Code/%	█-█-█	█	% (whole percent only)
Budget Code/%	█-█-█	█	% (whole percent only)	Budget Code/%	█-█-█	█	% (whole percent only)
Budget Code/%	█-█-█	█	% (whole percent only)	Budget Code/%	█-█-█	█	% (whole percent only)

10. New Position:  Yes (Forward New Position Approval Form with PA)  
 No - Replacing \_\_\_\_\_  
 Classified Staff - Register # \_\_\_\_\_  
 a. Shift Differential Eligible - Yes No

11. Comments (reason for changes, payment in addition, etc.)

12. Comments/Special Notations for Contract

13. FTE Change/Hours per Week/Total Class Hours Taught/Comments

14. Payment Schedule (payment in addition)

15. Academic Affairs Payment in Addition for Instruction (complete separate PA for each semester)

**Semester**

Subject	Course	Sec.	Cr.	\$/Credit	#/Stdnts	Total	Replacement Last Name
Total Credits					Total Amount		

Adjunct (charged to adjunct line)	
Salary	
Fringe	
<b>Total</b>	

Replacement Cost (charged to a salary line)		
PCN	Last Name	Reason

Salary	
Fringe	
<b>Total</b>	

**ROUTING & APPROVALS**

**Note:** The preparer of this document is responsible for identifying all needed e-mail address. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Prepared by email:

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Signatory/Approver	LC State E-mail	Digital ID Signature	Action	
			Disapprove	Approve
Coordinator/Dept. Head/ Director:				
Grants & Contracts (if grant funded):				
Dean:				
Additional Approver:				
Vice President/President:				
Budget Office:				
Human Resource Services:				