

REQUEST NUMBER: _____

Grayed areas are for Human Resource Management use only.

PERSONNEL ACTION REQUISITION (PER-1)

PeopleSoft #: _____

Request Fill Vacancy Create new Position SAP# (Old CS02#) _____ Date of Request: _____

Position Title _____ Overtime Cd: 0 1 2 3 _____ Title Code & Level: _____
Circle one

Requesting Dept/Section _____ Department ID SH _____

Hours per week _____ Percent Effort _____ Proposed Salary Range \$ _____ Telephone _____ Location Code _____

Supervisor (Name & Title) _____ Supervisor Telephone _____ Old D-Code _____

Former Incumbent _____ Employee ID _____

Reason for & Effective Date of Action Retirement Promotion Term/Resignation Transfer Other _____ Date _____

Remarks: _____

Insert amount if applicable: PDP \$ SH 2 \$ SH 3 \$ WKN \$ CP1 \$ DMP \$ DP1 \$

Old LSU Account Number	Position Control Number (PIN)	Account %	Budgeted Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list account numbers in the same order

Represented in 3 decimal places

PeopleSoft Account Code	PeopleSoft Account Percent	HRM USE ONLY
_____	_____	_____ Pre Applicant Tracking
_____	_____	_____ Suitability Check
_____	_____	_____ Selective Verification
_____	_____	_____ Filled Positions
_____	_____	_____ Post Applicant Tracking

THIS SPACE FOR HRM USE ONLY

Name: _____

SSN: _____

Type of Action: _____

Effective Date: _____

Title/Title Code: _____

Salary: _____

HRM Signature: _____

Department Head Signature _____ Date _____

Hospital Budget (If applicable) _____ Date _____

Hospital Administrator (If applicable) _____ Date _____

Forwarded from Human Resource Management for the following approval:

Signature of Director - HRM _____ Signature _____ Date _____

Signature of Grants Accounting _____ Signature _____ Date _____

Signature of Associate Dean _____ Signature _____ Date _____

Signature of Vice Chancellor _____ Signature _____ Date _____

Signature of Chancellor/Dean _____ Signature _____ Date _____

