LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

3

GRAYED AREAS ARE FOR HUMAN RESOURCE MANAGEMENT USE ONLY

HRM USE ONLY
Request Number:

(PER-3) **PERSONNEL STATUS CHANGE**

Soc Sec # _____ Emp ID. _____ (Employee ID Number) PIN _____ (Position Control Number (from Legacy)) PSN _____ (PeopleSoft Position Number)

Name: _____ , _____ (LAST, FIRST, MIDDLE INITIAL) Title _____ (Official title defined by Civil Service/LSU System)

Campus/ Business Unit _____ Department Name/Section _____

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Complete: HR Repres: ☐ Corr -- P/S Legacy

PROPOSED ACTION

☐ 1. Transfer to new Department and/or Promotio (Complete **ONLY new** information) **Effective Date:** _____

Title: _____ (OFFICIAL TITLE) PSN _____ (PEOPLESOFT POSITION NUMBER) PIN _____ (POSITION CONTROL NUMBER (from Legacy))

Department Name/Section: _____ Department ID SH- _____ Location Code: _____ (Old D-Code)

☐ 2. Leave of Absence: From: _____ Through: _____ ☐ With Pay ☐ Without pay

☐ Sabbatical Leave **(Attach copy of LSU System Office approva)** ☐ Full Pay ☐ Half Pay ☐ Without Pay

Justification: _____

HRM USE ONLY
LSU Title Code

☐ 3. Return from: : ☐ Leave of Absence ☐ Sabbatical Effective Date: _____

☐ 4. Change in source of funding: Effective Date: _____ Through Date: _____

☐ 5. Change in Percent effort New % effort: _____ % Old % effort: _____ % Effective Date: _____

☐ 6. Other Changes or Remarks: _____

☐ 7. Add Gratis to current Faculty. New Dept. Name _____ Dept. ID. SH- _____ Eff Date: _____

☐ 8. Additional Compensation: Total Amount: $ _____ Effective Date: From: _____ To: _____

Indicate Payment Dates and Amounts: _____

Justification _____

SALARY AND DISTRIBUTION

Old LSU Account Number	Present Annual	Proposed Annual	PS Account Code	Proposed % of Total
Total:				Total 100.000%

Present Hourly Rate: $ _____ Present Monthly Rate: $ _____ Proposed Hourly Rate $ _____ Proposed Monthly Rate $ _____

Signed _____ (Department Head / Director) _____ (Date) _____ (Vice Chancellor) _____ (Date)

Approved _____ (Associate Dean) _____ (Date) ☐ For _____ (Chancellor/Dean) _____ (Date)

_____ (Initials / Date) _____ (Initials / Date) _____ (Initials / Date) _____ (Initials / Date)

_____ (Initials / Date) _____ (Initials / Date) _____ (Initials / Date)

S/N 1244
PER-3 Revised 02/03

White - Accounting Services Yellow - HRM Employee File Pink - HRM Budget Blue - Department (Upon Approval)