

LAMAR INSTITUTE OF TECHNOLOGY

A Member of The Texas State University System

Current Date _____

F3.2 PERSONNEL ACTION FORM

SECTION A

Type of Action: _____ (*Explain in Comment Section F & attach documentation)

SECTION B

EMPLOYEE ID _____ **SSN (New Hires Only)** _____ **PREFIX** _____ **FIRST NAME** _____ **MIDDLE NAME** _____ **LAST NAME** _____

DEPARTMENT NAME _____ **JOB TITLE** _____

ORG NUMBER _____ **POSITION #** _____

PO BOX _____ **DEPT. PHONE #** _____

SECTION C

| FUNDING DISTRIBUTION OF POSITION | | | | | | | | |
|----------------------------------|-----|---------|---------|---------------------------|--------------|-----------------|------------|----------|
| FUND | ORG | ACCOUNT | PROGRAM | ACTIVITY (HR Use Only) | % OF FUNDING | AMT OF POSITION | BEGIN DATE | END DATE |
| | | | | | | | | |
| | | | | | | | | |

SECTION D

JOB START DATE _____ **JOB END DATE** _____

| PAY TYPE | |
|----------------------------|------------------------------|
| HOURLY RATE _____ | MONTHLY SALARY _____ |
| ANNUAL SALARY _____ | ANNUAL SALARY _____ |
| ONE TIME PAY _____ | CONTRACT PERIOD _____ |

CONTRACT PERIOD

12 MONTHS

9 MONTHS

4/5 MONTHS

2/3 MONTHS

FTE _____ (Only for Faculty & Staff) %

SECTION E

LEAVE START DATE _____ **LEAVE RETURN DATE** _____ **TYPE OF LEAVE** _____

LEAVE _____

SECTION F

SEPARATION CODES _____ **LAST DATE WORKED** _____ **REASON FOR SEPARATION** _____

TERMINATION DATE _____

SECTION G

COMMENTS/NOTES/SPECIAL INSTRUCTIONS _____

FINANCIAL AID

FEDERAL

STATE

AMOUNT _____

PAYROLL _____

SECTION H

COMPLETE ON NEW FACULTY AND FACULTY STATUS CHANGES

HIGHEST DEGREE: _____ **TENURE STATUS:** _____ **RANK:** _____

SECTION I

ALL SIGNATURES IN BLUE INK

ACCOUNT MANAGER _____ DATE _____

DEPT. CHAIR/DIRECTOR _____ DATE _____

VP OF ACADEMIC AFFAIRS _____ DATE _____

VP OF FINANCE _____ DATE _____

PRESIDENT _____ DATE _____

FINANCIAL AID _____ DATE _____
(For All Student Workers Only)

BUDGET _____ DATE _____

HUMAN RESOURCES _____ DATE _____

PAYROLL _____ DATE _____

| HUMAN RESOURCES | |
|-------------------------|--|
| TERM VAC HRS _____ | AS A RESULT OF THIS TRANSACTION, THE EMPLOYEE'S TOTAL FTE IS _____ PRIMARY SUPERVISOR'S INITIALS: _____ |
| FLSA COMP HRS _____ | |
| DEATH BENEFIT HRS _____ | |
| ENTERED BY/DATE _____ | |

DEADLINES

STUDENT/HOURLY AND ONE TIME PAY
15TH

FACULTY/STAFF AND ONE TIME PAY
10TH