

GRAMBLING STATE UNIVERSITY

Grambling, LA 71245

Pos # _____
Pos Cl # _____
EEO # _____

PERSONNEL ACTION FORM

(For new employees, this offer is contingent upon your presenting documents which verify identity and employment eligibility to the Department of Human Resources within three (3) business days of the date you report to work.)

1. Check Appropriate Status:

- ☐ Classified
☐ Unclassified
☐ Faculty

2. Personnel Action: (Specify Appointment Type or any personnel change, see [Instructions for Completing PAFs.](#))

3. Name: _____
(Last) (First) (Middle)

4. Highest Degree Held: _____ Years of Related Experience: _____

5. Additional Training: _____ Years of Military Experience: _____

*6. Effective Date of Appointment: _____ Extended Through: _____

* NOTE: All unclassified employees hold their appointment on an at-will basis and serve at the pleasure of the University Administration and the ULS Board of Supervisors. This personnel action form is for administrative purposes only and does not guarantee employment for any specified period of time and does not constitute a contract. Faculty members who have an administrative assignment hold the administrative appointment on an at-will basis and serve at the pleasure of the University administration and the Board.

7. Proposed Status: Rank or Title: _____

8. Campus Percent Effort: _____ Part-Time _____ % FTE _____ Full-Time (100% FTE)

9. Tenure Status: _____ Not Eligible _____ On Tenure Track _____ Tenured

10. Appointment Type: _____ 9 Months _____ 10 Months _____ 12 Months _____ One Academic Semester _____ Summer
_____ Other _____ (Specify Months, Weeks or Days)

FUND CODE	ORG CODE	PRG. CODE	POSITION NO.	MONTHLY RATE	ANNUAL SALARY

Remarks

11. Last Incumbent: _____ 12. New Position: _____ Yes _____ No

13. Name or the department where the employee will actually work: _____

14. Electronic Timesheet Approver (Unclassified & Faculty): _____

15. Are you transferring from another state agency, college/university? _____ Yes _____ No

If yes, give agency name: _____

I do hereby accept employment as herein provided: _____
(Signature of Applicant)_____
Department Head/Director Date_____
AVP for Human Resources Date_____
Vice President for Finance Date_____
Dean/Business Manager Date_____
Director of Grant Administration Date_____
President Date_____
Division Vice President Date_____
AVP for Budget & Planning Date

Reminder: Please be sure to fill out an [Applicant Data Compliance Form](#) and attach it to your Personnel Action Form.