

PLEASE TYPE

### F3.2 PERSONNEL ACTION REQUEST

Current Date \_\_\_\_\_

<b>SECTION A</b>	<b>TYPE OF ACTION: *(Explain in Comment section below &amp; attach documentation. Requires President's Signature.)</b> <input type="checkbox"/> NEW HIRE* <input type="checkbox"/> SEPARATION <input type="checkbox"/> LEAVE* <input type="checkbox"/> PROMOTION* <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> RE-HIRE <input type="checkbox"/> OVERLOAD <input type="checkbox"/> STIPEND <input type="checkbox"/> DEMOTION* <input type="checkbox"/> TRANSFER OUT <input type="checkbox"/> REAPPOINTMENT <input type="checkbox"/> ONE TIME PAY <input type="checkbox"/> RE-CLASSIFICATION* <input type="checkbox"/> LONGEVITY <input type="checkbox"/> OTHER							
<b>SECTION B</b>	P _____ <input type="checkbox"/> DR. <input type="checkbox"/> MISS <input type="checkbox"/> MR. <input type="checkbox"/> MS <input type="checkbox"/> MRS.		Employee ID # _____      First Name _____      Middle Name _____      Last Name _____					
	EMPLOYING DEPT NAME		<b>FUNDING DISTRIBUTION OF POSITION</b>					
	DEPT ORG CODE		ACCOUNT/ INDEX	%	AMOUNT OF POSITION	BEGIN DATE OF POSITION	END DATE	
	DIVISION #							
	PHONE #							
	JOB TITLE							
POSITION #								
<b>SECTION C</b>	<b>ASSIGNMENT START DATE</b>	<b>ASSIGNMENT END DATE</b>	<b>PAY TYPE</b>		<b>**MONTHLY RATE</b>	<b>CONTACT PERIOD</b>	<b>FTE</b>	
			Total Contract		_____	<input type="checkbox"/> 12 MONTHS	(Only for Faculty and Staff)  %	
			Hourly Rate		TOTAL CONTRACT	<input type="checkbox"/> 9 MONTHS		
			One Time Pay		÷	<input type="checkbox"/> 4 MONTHS		
		Longevity		Contract Period	<input type="checkbox"/> 2 MONTHS			
					_____ MONTHS			
<b>SECTION D</b>	<b>LEAVE</b>		<b>LEAVE START DATE</b>	<b>TYPE OF LEAVE CODE</b> (See Instructions)	<input type="checkbox"/> RETURN FROM LEAVE (Attached Documentation)		<b>DATE RETURNED FROM LEAVE</b>	
	<input type="checkbox"/> BEGIN LEAVE with PAY <input type="checkbox"/> BEGIN LEAVE without PAY							
<b>SECTION E</b>	<b>SEPARATION</b> (Resignation letter must be attached)			<b>LAST DAY WORKED</b>		<b>REASON FOR SEPARATION</b>		
	<input type="checkbox"/> RESIGNATION (100) <input type="checkbox"/> RETIREMENT (400) <input type="checkbox"/> INVOLUNTARY SEPARATION (200) <input type="checkbox"/> DEATH (500) <input type="checkbox"/> TEMPORARY ASSIGNMENT (300)							
<b>SECTION F</b>	<b>COMMENTS/NOTES/SPECIAL INSTRUCTIONS/WORK SCHEDULE</b>				<b>PAYROLL</b>			
					ACCUE HOURS <input type="checkbox"/> Yes <input type="checkbox"/> No		DEFAULT HOURS    _____	
				PAYROLL #    _____		ASSIGNMENT #    _____		
<b>SECTION G</b>	<b>FINANCIAL AID</b>				<b>HUMAN RESOURCES</b>			
	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> CAMPUS <input type="checkbox"/> NONE HOURS ENROLLED    _____      AMOUNT    _____				TERM VAC HOURS    _____		EARNINGS CODE    _____	
				COMP TIME    _____		IPEDS <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SECTION H</b>	<p><b>This form no longer accepts signatures.</b></p> <p><b>Approvals will be captured electronically in Banner.</b></p> <p><b>Completed F3.2 forms and supporting documents should be uploaded in PDF format to <a href="https://www2.lamarpa.edu/epaf/">https://www2.lamarpa.edu/epaf/</a>.</b></p>							
	<b>DEADLINES: STUDENT/HOURLY – 20<sup>TH</sup> FACULTY/STAFF and ONE TIME PAY – 15<sup>TH</sup></b>							
FORM NO. 1511/REV 6/1/2021								