

Empl.ID **0000000** PCN \_\_\_\_\_ PS. Pos. **00000000**  
 Name **Smith** Last **John** First **Q** Present Title **House Officer 2**  
 School/Division **Medicine** Dept. **Surgery** Dept. Code **NO1497200**  
last day

1. Termination effective \_\_\_\_\_ cob.worked \_\_\_\_\_ Hrs. annual leave for which pay is due \_\_\_\_\_  
Reason \_\_\_\_\_
2. Retirement  Regular  Disability Effective \_\_\_\_\_  Teacher's  La. State Empl. Pay Grp. #N/A  
 Hours of unused leave to be applied to retirement: Annual \_\_\_\_\_ Sick \_\_\_\_\_ Emp. Cl. #N/A  
 Hours for which pay is due ..... Annual \_\_\_\_\_ Sick \_\_\_\_\_ Pay Type Hourly
3. Leave of Absence effective \_\_\_\_\_ thru \_\_\_\_\_  With pay  Without Pay Reg/Temp Reg  
 Justification \_\_\_\_\_  Ins. Cont.  Discontinued Country #N/A
4. Return from Leave of Absence effective \_\_\_\_\_ Visa #N/A
5. Transfer to New Dept. **Psychiatry** Effective **07/01/16**  
 LSU Work Location **449-77-0002** **NO1496500** **504-568-6006**  
PS Location Code PS Dept. Code Phone# New PCN# New PS. Pos#
6. Promotion and/or Change in Title to **House Officer 1** Effective **07/01/16**  
 Current  Last Incumbent Justification \_\_\_\_\_
7. Tenure Recommendation ( For Faculty Ranks ) \_\_\_\_\_ yr(s). Beginning \_\_\_\_\_ End Date \_\_\_\_\_  
 Tenure Track  Tenure Granted  Probationary  Non - Tenure
8. Other Changes or Remarks **Resident will be transferring from General Surgery as a HO2 to Psychiatry as a HO 1**

9. Continuation of Appointment: Last Appointment Effective \_\_\_\_\_ thru \_\_\_\_\_  
 This Appointment Effective \_\_\_\_\_ thru \_\_\_\_\_
10. Change in Source of Funds
11. Additional Compensation: Total Amount \_\_\_\_\_ Effective \_\_\_\_\_ thru \_\_\_\_\_  
 Indicate Payment Dates and Amounts  
 Justification \_\_\_\_\_
12. Employee Reports to Position #/Name: \_\_\_\_\_ Effective \_\_\_\_\_

13. **SALARY AND DISTRIBUTION** Effective **07/01/16** Funds End Date **06/30/16** AED \_\_\_\_\_  
 Rate of Pay from \$ **17.11** to \$ **16.55** On the Basis of : From To  
 Hourly  Monthly  Per Period  Hourly  Monthly  Per Period Fiscal Year \_\_\_\_\_  
 Percent of full time \_\_\_\_\_ % If change: from \_\_\_\_\_ % to \_\_\_\_\_ % Period of Appt.

LSU Account #	LSU Description	Dept. Code #	Fund	Program	Class	Project/ Grant	Acct	% Dist	Present Amount	Proposed Amount
	Resident Suspense	1980003	911	99001	99100	9980000109	505000	100.000		48,327.00
	Resident Suspense	1980003	911	99001	99100	9980000109	505000	100.000	49,947.00	
								0.000		
								0.000		
								0.000		
								0.000		
								0.000		
								0.000		
								0.000		

Totals **49,947.00** **48,327.00**

Signed \_\_\_\_\_ **Original** \_\_\_\_\_  
Initiating Officer Date **4/28/2016** Approved \_\_\_\_\_  
Human Resources Date \_\_\_\_\_

Approved \_\_\_\_\_ Approved \_\_\_\_\_  
Dean or Director Date \_\_\_\_\_ Vice Chancellor Date \_\_\_\_\_

Approved \_\_\_\_\_ Approved \_\_\_\_\_  
Initials Date Initials Date Initials Date \_\_\_\_\_ Chancellor Date \_\_\_\_\_

Approved \_\_\_\_\_ Approved \_\_\_\_\_  
President Date \_\_\_\_\_