Rev.07/15	L	OUISIANA STATE U				ES CENTER - NEW E (PER 3 FORM)	ORLEANS	CAMPUS		Other	
Empl ID	000000	DCM	I ERSU			E (I EK 5 FORM)		PS. Pos.		000XXXXX	
-	Empl.ID 0000000 PCN Jame Smith					O Present	Q Present Title House Officer 4				
	Last	D	John	First		M.I	1000			01406000	
School/Div	ision Medi	Depl	t. <mark>Ped</mark> las	t day				Dept.	Loae N	IO1496000	
1. Tern Reas								ual leave for which pay is due			
2. Reti	rement Regu	nt Regular Disability E				Teacher's	La. State Emp		vl. Pay G	<i>Trp.</i> #N/A	
Hour	s of unused leave to i	be applied to retire	ement:	Annual		Sick			Emp.	<i>Cl.</i> #N/A	
	rs for which pay is du			Annual		Sick			Pay T		
	e of Absence effect			thru		With pay		hout Pay	Reg/T		
	fication	hanne offerstin	-			Ins. Con	t. Dis	continued		·	
	rn from Leave of A			ergy / Immu	Inclose				Visa Effective	#N/A 07/15/16	
	sfer to New Dept. Work Location	449-74-2016		10149600		96-9589			Effective	07/15/16	
	PS I	Location Code	P	S Dept . Code		Phone #	New	, PCN#		New PS. Pos#	
	notion and/or Cha			louse Offic	er 8				Effective	07/15/16	
	urrent Last Inci ire Recommendati	umbent Justifice				Decimning			End Date		
7. Ien		re Track		enure Grant		. Beginning Probationar	v	Non - 1			
X 8. Othe	er Changes or Rem					residency prog				mun.	
felo	wship program. P	romoting from	HO 4 t	o HO 8							
9. Continuation of Appointment: Last Appointment Effective thru											
	This Appointment Effective thru										
10. Cha	nge in Source of F	unds									
	11. Additional Compensation: Total Amount Effective thru										
	cate Payment Dates	s and Amounts									
	fication loyee Reports to P	osition #/Nama:							Effective		
	LARY AND DISTRIE		tive	07/15/16	Fun	ds End Date	07/14	4/17	AED		
	of Pay from				9.15		On the B		From	То	
	X Hourly Mont				Monthl	<u> </u>		, Fiscal Ye			
	cent of full time	%. If char			% to	%		Period og	f Appt.	x x	
LSU Accour	t LSU Description	1 Dept. Code #	Fund	Program	Class	Project/ Grant	Acct	% Dist	Present	Proposed	
#	Resident Suspense	-	911	99001	99100	9980000109	505000	100.000	Amount 53,648.00	Amount	
	Resident Suspense		911	99001	99100	9980000109	505000	100.000	55,040.00	55,917.00	
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L		I	1	<u> </u>	Oninia	a l1		Totals	53,648.00	55,917.00	
					Origir			•			
Signed	Initiating Officer			3/12/2016 Date		Approved		Human Resources		Date	
Approved	minung Ojjiver				Approv	ved		manun Resources		Dare	
	Dean or Director			Date	<u>_</u>		Vice Chancellor			Date	
X (2) X				Det	Approv	ved	Chancellor				
Initials	Date Initials	Date Initial	5	Date			Chance	uor		Date	
					Approv	ad					