Rev.07/15

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS CAMPUS
PERSONNEL STATUS CHANGE (PER 3 FORM)

Other

Empl.ID 0000000 *PCN* *PS. Pos.* 000XXXXX

Name Smith (Last) John (First) Q (M.I) *Present Title* House Officer 9 / Fellow 2

School/Division Medicine *Dept.* Pediatrics - Neonatology *Dept. Code* NO1496000

☐ 1. ***Termination*** *effective* _____ *last day 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.*** _____ *Effective* _____
LSU Work Location _____ *PS Location Code* _____ *PS Dept . Code* _____ *Phone #* _____ *New PCN#* _____ *New PS. Pos#*

☐ 6. ***Promotion and/or Change in Title*** *to* _____ *Effective* _____
☐ *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*** Change 15 days (October 1 - October 15th) from Children's Hospital Neonatology account to Touro account.

☐ 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* 10/01/16 *Funds End Date* 10/15/16 *AED* _____
Rate of Pay *from $* 19.98 *to $* _____ ***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*
	CH-PEDS Fellow	1496000	113	20001	35200	149600326A	505000	0.000	2,397.60	0.00
	Touro Peds	1496000	113	00001	35200	14976034IA	505000	100.000	0.00	2,397.60
								0.000		
								0.000		
								0.000		
								0.000		
								0.000		
								0.000		
								0.000		
								0.000		
								Totals	2,397.60	2,397.60

Original

Signed _____ *Initiating Officer* 11/5/2016 *Date* *Approved* _____ *Human Resources* _____ *Date*

Approved _____ *Dean or Director* _____ *Date* *Approved* _____ *Vice Chancellor* _____ *Date*

Initials _____ *Date* _____ *Initials* _____ *Date* _____ *Initials* _____ *Date* *Approved* _____ *Chancellor* _____ *Date*

Approved _____ *President* _____ *Date*