PERSONNEL NOTIFICATION FORM
(FORWARD ALL COPIES TO PAYROLL DEPT.)

LOYOLA UNIVERSITY NEW ORLEANS

RUN DATE

EMPLOYEE NAME (FIRST/MIDDLE/LAST)	SSN/CWID	DEPARTMENT

PERMANENT ADDRESS	CITY/ STATE / COUNTRY	ZIP CODE

BIRTH DATE	GRADE LEVEL	TITLE	HIRE DATE

ACCOUNT NUMBER & LABOR CODE	CAMPUS BOX NO.	CAMPUS LOCATION (BLDG/RM#)	CAMPUS PHONE NO.	HOME PHONE NO.

☐ JESUIT (LOYOLA N.O. JESUIT COMMUNITY)
☐ RELIGIOUS ORDER ☐ FACULTY
☐ STUDENT ☐ STAFF

FACULTY ☐ 12 MONTH ☐ 10/12 MONTH
☐ 10/10 MONTH ☐ SEMESTER

STAFF ☐ EXEMPT ☐ NON-EXEMPT

SCHEDULE ☐ 12 MONTH ☐ 10 MONTH

EMPLOYMENT CLASSIFICATION ☐ REGULAR FULL TIME ☐ REGULAR PART TIME ☐ TEMPORARY-END DATE: ☐ OCCASIONAL

NUMBER OF HOURS WORKED PER WEEK _____

PAYROLL USE ONLY	JOB CODE	ASSIGNMENT CODE	SALARY SCHEDULE	CALENDAR I.D.	POSITION NO.	I-9

NEW EMPLOYEE

SALARY (ANNUAL/HOURLY)	EFFECTIVE DATE	REPLACING WHOM

SALARY CHANGE

CURRENT SALARY (ANNUAL/HOURLY)	NEW SALARY (ANNUAL/HOURLY)	EFFECTIVE DATE	REASON FOR CHANGE

SUPPLEMENTAL (ONE-TIME PAYMENT)

TOTAL AMOUNT

TO BE PAID AS ☐ LUMP SUM OR ☐ PERIODIC (IF PERIODIC, EXPLAIN HOW/WHEN AMOUNT SHOULD BE PAID)

CHANGE OF STATUS OR RE-HIRE

FROM: DEPARTMENT	FROM: ACCOUNT NUMBER	EFFECTIVE DATE	NEW GRADE LEVEL

TO: DEPARTMENT	TO: ACCOUNT NUMBER	NEW TITLE

LEAVE OF ABSENCE

START DATE	END DATE	REASON FOR LEAVE	DATE TO REINSTATE FROM L.O.A.

TERMINATION

LAST DATE OF WORK

RECOMMENDED FOR REHIRE
☐ YES ☐ NO

REASON FOR TERMINATION
☐ VOLUNTARY RESIGNATION ☐ REDUCTION IN FORCE ☐ RETIREMENT
☐ INVOLUNTARY ☐ END OF CONTRACT
☐ END OF TEMPORARY SERVICE ☐ OTHER _____

COMPLETED BY HR:
TERM CODE: _____

COMMENTS:

COMPLETED BY HR:
CUPA CODE: _____

DEPARTMENT HEAD	DEAN	PRESIDENT / PROVOST / VICE PRESIDENT
DATE	DATE	DATE

PAYROLL NOTES

HUMAN RESOURCES

DATE

AMOUNT	EARNINGS CODE

HUMAN RESOURCES