

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION**

PERSONNEL ACTION REQUEST

Date Prepared:
7/31/2009

I. Section: Board of Regents		Time Admin. No. 1	Soc. Sec. No. [REDACTED]	Personnel No. 59005
Name: Sally Clausen	Leave Earning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: 07-04-45	Race: W	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Latino
<input type="checkbox"/> Classified <input type="checkbox"/> Student <input type="checkbox"/> WAE <input checked="" type="checkbox"/> Unclassified <input type="checkbox"/> Board/Commission Member		<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	# of Hrs./Wk.	FLSA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt

II. Nature of Action:	<input checked="" type="checkbox"/> New Hire Type: <input type="checkbox"/> Pay Adjustment Type: <input type="checkbox"/> Other Type:	<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Detail	Proposed Effective Date 8/4/2009	Ending Date
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III. FROM		TO		
Section:		Section:	Board of Regents	
Job Title/Job No.		Job Title/Job No.	Commissioner of Higher Education	
BIWkly Pay:	Hrly Pay:	GS Level:	BIWkly Pay: \$14,500.00	Hrly Pay: 181.2
Position No.:	Special Pay <input type="checkbox"/>	Type:	Position No.:	Special Pay <input type="checkbox"/>
<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.			<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.	
Safety - Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No			Safety - Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No	

If the position to be used is not in your T.O., which position do you want to swap out of your T.O.?

Position No./Title:

IV. Remarks/Work Schedule/Justification: Sally Clausen is a rehired retiree.	Work Parish:
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V.	A. Org. Unit No. <u>50028485</u>	B. Cost Center (AFS Org.) <u>6071</u>	C. Object <u>2130</u>	D. Sub-Object --	E. Rept. Category <u>0020</u>	F. Percent <u>10090</u>
		B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category	F. Percent

OFFICIAL USE:		
Qualified:	Action Reason:	Certificate No.: Score:
DEPT Preferred <input type="checkbox"/> Yes <input type="checkbox"/> No	Layoff Referral List <input type="checkbox"/> Yes <input type="checkbox"/> No	Selective Certification <input type="checkbox"/> Yes <input type="checkbox"/> No
Transcript <input type="checkbox"/> Yes <input type="checkbox"/> No	Training Series: Date:	Certified Date/Initial:
PPR:	Perm: Barred:	
Pay Authority:	Pay Reason:	Certified Date/Initial:
Position Allocation:	ISIS/HR:	
ISIS/HR Processing:	C.O.C.#	Certified Date/Initial/Per. No.:

VI. Section Head <i>[Signature]</i>	Date Aug 3, 09	Appointing Authority	Date
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DIVISION OF ADMINISTRATION SEPARATION FORM

TO BE COMPLETED BY EMPLOYEE

Name Sally Clausen		Personnel No. [REDACTED]	
Address 3633 Hundred Oaks Ave.		City Baton Rouge	Zip Code 70808
Section Board of Regents		Civil Service Class Title	

- Resignation
- Retirement
- Death
- Transfer

Effective 08-01-09 at 4:30 AM PM
Date Time

For
Transfer,
Complete
This
Section 

TO: Department: _____
 Section: _____
 Class Title: _____

MY REASON FOR LEAVING IS:

- | | |
|---|---|
| <input type="checkbox"/> Better Job -- Private Industry | <input type="checkbox"/> Poor Relations with Supervisor |
| <input type="checkbox"/> Home Responsibilities | <input type="checkbox"/> Return to School |
| <input type="checkbox"/> Insufficient Pay | <input type="checkbox"/> Shift Work |
| <input type="checkbox"/> Lack of Promotional Opportunity | <input type="checkbox"/> Transportation Problems |
| <input type="checkbox"/> Moving to Another Area | <input type="checkbox"/> Work Not Interesting |
| <input type="checkbox"/> Poor Health | <input checked="" type="checkbox"/> Other (Specify) <u>Retirement</u> |
| <input type="checkbox"/> Poor Relations with Fellow Employees | |

YES NO

I belong to Louisiana Capitol Credit Union

YES NO

I received a copy of the LDOL 77, Separation Notice Alleging Disqualification

I have turned in:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	Credit Cards
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	Desk Key
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	Door Key
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	Access Card

YES NO

I want my retirement contributions refunded. If yes, complete ER-2, Refund Form, and forward to the Personnel Office.

COMMENTS

Does employee have ISIS or security? Yes No xx Does this position have a LaCarte Purchasing card? Yes No xx
 Does this position have SAP access? Yes No xx

Employee Signature

Sally Clausen

Date

7-29-09

Section Head Signature

Date

Commissioner's Office

Donald J. Vandal

Date

7/29/09

SEPARATION NOTICE ALLEGING DISQUALIFICATION

1. NAME Sally Clausen 2. SS NO. [REDACTED]
 3. DATE OF SEPARATION 8/1/2009 4. DATE HIRED 7/1/2008 5. DATE LAST WORKED 7/31/2009

PLEASE PROVIDE DETAILED EXPLANATION for item checked below. Should this individual file a claim for unemployment insurance benefits, complete facts will enable this agency to make an equitable decision.

6. REASON FOR LEAVING:

- 1 Voluntary Leaving (Quit)
- 2 Discharge (Fired)
- 3 Lack of Work (R.I.F.)
- 4 Leave of Absence
- 5 Not Physically Able to Work
- 6 School Employee Contract
- 7 Refused Other Suitable Work
- 8 Labor Dispute
- 9 Retirement, Pension
- 10 Other (Please Explain)

7. VACATION, SEVERANCE, DISMISSAL, BONUS, HOLIDAY PAY INFORMATION

The employee received or will receive:

- Vacation \$ _____ week(s) _____
- Severance/Dismissal \$ _____ week(s) _____
- Bonus \$ _____ week(s) _____
- Holiday Pay \$ _____ week(s) _____

LUMP SUM

- Vacation Accrued Leave
- Severance/Dismissal Pay Bonus
- Holiday Pay Other Remuneration

covers a period of _____ week(s).

EXPLANATION:

I certify that the worker whose name and social security number appear above has been separated from work and that the above information is true and correct. I further certify that the individual has been handed or mailed a copy of this notice.

8. Board of Regents 9. (225) 342-4253 10. _____
Employer Name Phone-Area Code & No. Employer Acct. No.

11. Post Office Box 3677 Baton Rouge LA 12. 70821-3677
Address Street/Box City State Zip

13. *Donald J. Varnell* 14. Deputy Commissioner 15. 7/29/09
Signature Title Date

FILL OUT IN TRIPLICATE. MAIL ORIGINAL TO-Administrator, Louisiana Department of Labor, Post Office Box 94094, Baton Rouge, LA, 70804-9094 WITHIN 72 HOURS after separation. Give a copy of this form and a copy of the "Instructions to the Worker" to the employee within 72 hours, and retain a copy for your files.

Failure to submit this notice within the specified time limits may forfeit your right to appeal. It must be submitted within 72 hours after the worker's separation from employ.