LSU AgCenter Research & Extension

SUPPLEMENTAL EMPLOYMENT FORM

(please type or print neatly in ink)

NAME_____ **UNIT**_____

JOB TITLE_____ **SSN**_____

HOME ADDRESS_____ **PHONE**_____

PLEASE COMPLETE THE FOLLOWING SECTIONS WHICH ARE APPLICABLE TO YOUR EMPLOYMENT CATEGORY

SECTION 1. TO BE COMPLETED BY ALL EMPLOYEES - Scholastic Training

College, University or other institution	Location	Degree or hours completed	Date Degree Received	Major

SECTION 2. TO BE COMPLETED BY ALL EMPLOYEES - Honors, etc.

Membership in honorary societies, scholarships held, or other recognition received:_____

_____

Present membership in professional organizations or learned societies:_____

_____

SECTION 3. TO BE COMPLETED BY ALL EMPLOYEES - Non-State Work Experience

INSTITUTION/EMPLOYER	LOCATION	DATES OF SERVICE	RANK OR TITLE	HRS. WORKED/WEEK

SECTION 4. TO BE COMPLETED BY CLASSIFIED, ACADEMIC AND UNCLASSIFIED EMPLOYEES - Insurance

Various optional insurance plans are available to certain employees (depending upon term of appointment and percent effort). Note that it is not permissible for any state employee to carry double insurance coverage, both of which are financed in part by state. If you are married and your spouse is employed by the State of Louisiana, are you covered as a dependent under his/her group hospitalization contract? YES NO

Most new employees receive a copy of the GENERAL SCHEDULE OF EMPLOYEE BENEFITS with their employment packet.
Have you received a copy of this document? YES NO

SECTION 5. TO BE COMPLETED BY ALL EMPLOYEES, IN ACCORDANCE WITH LOUISIANA REVISED STATUTE 42:52 - Loyalty Oath

"I, _____ (print name), do solemnly swear (or affirm) that I will support the Constitution and laws of the United States and the Constitution and laws of this state; and I will faithfully and impartially discharge all the duties incumbent upon me as a _____ (job title) and according to the best of my ability and understanding. So help me God."

Signature_____Date_____

SECTION 6. TO BE COMPLETED BY ALL EMPLOYEES

DATE OF BIRTH (MM/DD/YY)_____ PLACE OF BIRTH_____

IF YOU ARE A STUDENT AT ANY SCHOOL/COLLEGE/UNIVERSITY, PLEASE PROVIDE: Name of School_____

_____ Hrs/Wk in Attendance_____ Classification_____

If a student employee or graduate assistant, are you in good academic standing? YES NO

DO YOU HAVE A RELATIVE WORKING FOR LSU? YES NO If yes, please complete the following information:

Name_____ Relationship_____ Unit_____

ARE YOU A US CITIZEN? YES NO If no, please complete the information requested below (required for tax/retirement purposes).

Visa Type_____ Expiration Date_____ Home Country_____

IF YOU ARE OTHERWISE EMPLOYED, PLEASE COMPLETE THE FOLLOWING: Firm/Agency Name_____ Hrs/Week_____

(Note: This information is needed to ensure our compliance with retirement and labor laws. Also note that a full-time member of the University staff who is presently engaged in or plans to engage in extensive, continuing or recurring outside employment must report in writing the nature of such activity to his/her unit head.)

You are responsible for knowing the regulations contained in policy statements/correspondence which govern the university system and your unit. This material is generally available in your unit's administrative office.

FOR DRIVERS SAFETY PROGRAM PURPOSES, PLEASE PROVIDE LICENSE NUMBER AND ISSUING STATE_____

DO YOU HAVE PRIOR SERVICE WITH LSU OR OTHER AGENCY OF THE STATE OF LA? YES NO

WILL YOU BE REQUIRED TO RESIDE IN UNIVERSITY HOUSING? YES NO

ALL EMPLOYEE VEHICLES USED ON THE BATON ROUGE CAMPUS MUST BE IMMEDIATELY REGISTERED WITH THE OFFICE OF TRAFFIC RECORDS.

ID CARDS, FOR ELIGIBLE EMPLOYEES, CAN BE OBTAINED FROM 221 LSU UNION.

PERSON TO CONTACT IN CASE OF EMERGENCY: Name_____ Phone_____

Address_____ City/State/Zip_____

Physician's Name/Address/Phone, if desired_____

SECTION 7. TO BE COMPLETED BY ALL CLASSIFIED EMPLOYEES - Overtime Work

I, _____ (print name), understand that agencies of the State of Louisiana have the option of granting compensatory leave for overtime hours worked. In cases where the Fair Labor Standards Act applies, such leave will be credited to me at the rate of one and one-half hours for each hour of overtime worked. For overtime hours worked during weeks when leave is taken (with or without pay) or when holidays are observed, the agency may opt to use straight time cash payment or hour for hour compensatory leave in accordance with the Rules of Department of State Civil Service. I also understand that I will be paid upon separation for any time and one-half compensatory leave earned for overtime as required by the Fair Labor Standards Act. Other straight hour for hour compensatory leave may or may not be paid upon separation in accordance with applicable Civil Service Rules.

I have read the above and agree to accept compensatory leave as compensation for overtime work.

Signature_____Date_____

SECTION 8. APPLICABLE TO ALL EMPLOYEES - Voluntary Information

THE FOLLOWING IS VOLUNTARY INFORMATION: Marital Status_____ Spouse's Full Name_____

SEX: Female Male

ETHNIC ORIGIN: Hispanic or Latino Non-Hispanic or Non-Latino

RACE: White Black American Indian Asian/Pacific Islander Hispanic

MILITARY STATUS: Veteran Active Reserve Inactive Reserve None

DO YOU HAVE ANY DISABILITIES? YES NO If YES, please indicate type of disability and any type of suggested accommodations which you feel would assist you in carrying out your job duties_____

_____

SECTION 9. TO BE COMPLETED BY ALL EMPLOYEES - Prior service

The purpose of this section is to obtain information for determining the specific amount of state service to your credit (i.e., the amount of sick and annual leave you earn is determined by your total state service.

The following examples are considered state service for leave accrual purposes for individuals being employed in an unclassified, academic or faculty position after 12/31/98:

(1) Service as a classified employee (state Civil Service)
(2) Service as an academic or unclassified employee at a Louisiana public institution of higher education
(3) Service as an unclassified employee under Civil Service Rules 4.1(d)2 and 11.19(d)
(4) Other unclassified state service deemed creditable by the Chancellor
(5) Note: Does not include service as a transient, student, graduate assistant, resident, or fellow

The following examples are considered state service for leave accrual purposes for individuals being employed in a classified position:

(1) Service covered in numbers 1, 2, 3, and 4 above
(2) Serving in any unclassified position. Examples of unclassified service would be:
  a.) employees of state schools: teachers, substitute teachers, teachers' aides, lunchroom workers, school bus drivers
  b.) all employees of parish and state boards
  c.) state board or commission members
  d.) heads of departments appointed by the governor
  e.) students who were employed in accordance with Civil Service Rules 1.5.1 and 4.1(d)2 (includes state univ. student workers/graduate assts.)

It is the policy of the AgCenter Human Resource Management Office to verify and credit to your leave record any prior classified state service and all types of employment with the Louisiana State University System. It is your responsibility to provide the AgCenter Human Resource Management Office with certification for other types of service indicated above before credit can be shown on your record.

NAME OF STATE AGENCY	EMPLOYMENT STATUS	EMPLOYMENT DATES		FULL OR PART TIME?	NO. HRS/WK WORKED	LEAVE WITHOUT PAY?		OFFICE USE ONLY		
		FROM	TO			YES - DATES	NO	YEARS	MONTHS	DAYS

SECTION 10. TO BE COMPLETED BY ALL EMPLOYEES - Retirement/Social Security

If eligible, persons employed by the University, except student employees/graduate assistants enrolled on a campus of the LSU System and certain employees on J-1 or F-1 visa, must as a condition of employment become a member of the appropriate retirement system or be covered by social security. In order to determine appropriate coverage for you, please complete the following chart.

SYSTEM	Are you now, or have you been a member of this system - circle one	Dates of Participation FROM TO	CURRENT STATUS*	*USE CODES LISTED BELOW TO COMPLETE STATUS (see previous column)
La. State Employees Ret. Sys.	YES NO			A = active, current member I = inactive - left, but kept contributions on file W = inactive - left & withdrew contribution R = retired D = retired, but participated in the Deferred Retirement Option Plan (DROP)
Teachers' Ret. Sys. of La.	YES NO			
Optional Retirement Plan (ORP)	YES NO			
Federal Civil Service	YES NO			
Other: _____	YES NO			

I CERTIFY THAT I HAVE READ AND COMPLETED THE ABOVE INFORMATION TO THE BEST OF MY ABILITY

Signature_____ Date_____

COPY EMPLOYEE FILE

RECORD OF EMPLOYMENT AT LSU
(THIS SIDE FOR OFFICE USE ONLY)

Effective Date	Personnel Action	Title Code	Position	Work Location	Annual Salary	Percent Effort