

1 TYPE OF REQUEST

Check appropriate request boxes. If master job description (MJD), attach master list of positions.

☐ UPDATE

☐ NEW POSITION

☐ JOB CORRECTION

☐ MJD

requested

2 POSITION SPECIFICATIONS

POSITION NUMBER

MAJOR AGENCY CODE

PERSONNEL AREA CODE

CURRENT OFFICIAL JOB TITLE

CURRENT PAY LEVEL

CURRENT OFFICIAL JOB CODE

REQUESTED OFFICIAL JOB TITLE

REQUESTED PAY LEVEL

REQUESTED OFFICIAL JOB CODE

3 INFORMATION REQUIRED FOR NEW POSITION

For LaGov HCM agencies only.

ORGANIZATIONAL UNIT NUMBER

WORK PARISH

PERSONNEL SUBAREA

EMPLOYEE GROUP (CHOOSE ONE)

☐ FT HOURLY

☐ FT SALARY

☐ PT HOURLY

COST CENTER

GRANT

FUND

WBS ELEMENT

ORDER

4 GENERAL INFORMATION

EMPLOYEE NAME – LAST, FIRST

HUMAN RESOURCES CONTACT

AGENCY/DEPARTMENT – OFFICE – DIVISION

HUMAN RESOURCES TELEPHONE

OFFICIAL TITLE OF DIRECT SUPERVISOR

SUPERVISOR'S POSITION NUMBER

HUMAN RESOURCES EMAIL

5 COMPARATIVE POSITIONS

List positions that have similar or identical duties to this position, if applicable.

EMPLOYEE NAME

POSITION NUMBER

OFFICIAL JOB TITLE/AGENCY

6 ATTACHMENTS

Check to indicate attachments.

☐ Organizational Chart (**required**)

☐ MJD Position Numbers

7 ADDITIONAL INFORMATION

Provide justification on why this position is needed on a temporary basis.

CHECK THE APPROPRIATE BOX: RULE 23.6(a)

☐ WORK OVERLOAD

☐ PENDING FILLING THE POSITION IN A REGULAR MANNER

☐ EMERGENCY

EXPLANATION OF REQUEST

IF BASED ON AN INITIATIVE OF THE APPOINTING AUTHORITY, EXPLAIN THE PROGRAM OR PROJECT BASED ON THIS INITIATIVE AND THE LEVEL AND DURATION OF THIS WORK.

8 AGENCY APPROVAL

SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE

DATE

PRINT NAME AND TITLE OF PERSON SIGNING THIS REQUEST

9 JOB DUTIES AND RESPONSIBILITIES

Provide a brief statement describing the function of work or the reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary.

PERCENTAGES MUST TOTAL 100% LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE.