

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)
			<input type="checkbox"/> FT HOURLY <input type="checkbox"/> FT SALARY <input type="checkbox"/> PT HOURLY

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.