|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 TYPE OF REQUEST | | | | | | | | | | | | | | | | | |
| Check appropriate request boxes. If master job description, please attached master list of positions. | | | | | | | | | | | | | | |  | | |
| UPDATE | AGENCY APPEAL | | | | MASTER | | | | | | |  | | |  | | |
| JOB CORRECTION | EMPLOYEE APPEAL | | | | CAREER PROGESSION  GROUP | | | | | | | PERSONNEL AREA CODE | | | POSITION NUMBER | | |
| NEW POSITION | 5.3 APPEAL | | | | | | | | | | |
| CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST CAP OF ALLOCATION) | | | | | | | | | | | | CURRENT PAY LEVEL | | | CURRENT OFFICIAL JOB CODE | | |
| REQUESTED OFFICIAL JOB TITLE | | | | | | | | | | | | REQUESTED PAY LEVEL | | | REQUESTED OFFICIAL JOB CODE | | |
| 2 INFORMATION REQUIRED FOR NEW POSITION  *FOR LA GOV HCM AGENCIES ONLY* | | | | | | | | | | | | | | | | | |
| ORGANIZATIONAL UNIT NUMBER | | | COST CENTER NUMBER | | | | | | WORK PARISH | | | | | PERSONNEL SUBAREA | | | |
| EMPLOYEE GROUP (CHOOSE ONE)  FT HOURLY  FT SALARY  PT HOURLY  PT SALARY | | | | | | | | | | | | | EMPLOYEE SUBGROUP (CHOOSE ONE)  NON-EXEMPT  EXEMPT | | | | |
| 3 GENERAL INFORMATION | | | | | | | | | | | | | | | | | |
| EMPLOYEE’S NAME – FIRST, LAST | | | | | | | | | | | Employee Qualifies For Job    Yes  No | | | HUMAN RESOURCES CONTACT | | | |
| AGENCY/DEPARTMENT – OFFICE – DIVISION | | | | | | | | | | | | | | HUMAN RESOURCES TELEPHONE  (     ) | | | |
| OFFICIAL TITLE OF SUPERVISOR | | | | | | | DIRECT SUPERVISOR’S POSITION NUMBER | | | | | | | HUMAN RESOURCES EMAIL | | | |
| 4 COMPARATIVE POSITIONS List positions that have similar or identical duties to this position. | | | | | | | | | | | | | | | | | |
| INCUMBENT NAME | | | | | | POSITION NUMBER | | | | OFFICIAL JOB TITLE / AGENCY | | | | | | | |
|  | | | | | |  | | | |  | | | | | | | |
|  | | | | | |  | | | |  | | | | | | | |
| 5 SUPERVISORY ELEMENTS | | | | ORGANIZATIONAL CHART MUST BE ATTACHED | | | | | | | | | | | | | |
| DETERMINES WORK ASSIGNMENTS  RECOMMENDS HIRING/PROMOTIONS  TRAINS STAFF  REVIEWS AND APPROVES WORK  PREPARES & SIGNS PES RATING  APPROVES LEAVE | | | | | | | | | | | | | | | |  | |
|  | NUMBER OF DIRECT SUBORDINATES |
|  | |
| **6 ATTACHMENTS** | | Check to indicate attachments. | | | | | | | | | | | | | | | |
| Organizational Chart (required)  Duties / Responsibilities (required)  Comments  MJD Position Numbers  Contracted Personnel Form | | | | | | | | | | | | | | | | | |
| 7 SIGNATURES Sign and print below. | | | | | | | | | | | | | | | | | |
| EMPLOYEE | | | | | | | | DATE | | | I certify that the information in this document is true and correct to the best of my knowledge.  I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments. | | | | | | |
| DIRECT SUPERVISOR | | | | | | | | DATE | | | I certify that I agree with this document.  I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments. | | | | | | |
| APPOINTING AUTHORITY (Required) | | | | | | | | DATE | | | I certify that I agree with this document.  I certify that I have reviewed the position description. I   disagree with a portion of the contents and have attached   comments. | | | | | | |
| PRINT NAME AND TITLE OF APPOINTING AUTHORITY | | | | | | | |

COMPENSATION DIVISION

DEPARTMENT OF STATE CIVIL SERVICE

P.O. BOX 64111 – CAPITOL STATION

BATON ROUGE, LA 70804-9111

[SCSPDS@la.gov](mailto:SCSPDS@la.gov)

**POSITION DESCRIPTION**

Form Revision Date: 07/2015



|  |  |
| --- | --- |
| **8 JOB DUTIES AND RESPONSIBILITIES** | |
| Provide a brief statement describing the function of work or 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. |