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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HUMAN RESOURCES USE ONLY** | | AFFIRMED | | | | | REALLOCATED | | | | | | | | | MAJOR AGENCY CODE | | | EFFECTIVE DATE | |
| JOB CORRECTION | | | | | Up Down Lateral | | | | | | | | |
| NEW POSITION ESTABLISHED | | | | | RETURNED W/O ACTION | | | | | | | | |
| OFFICIAL ALLOCATION | | | | | | | | | | | | | | | | OFFICIAL JOB CODE | | | PAY LEVEL | |
| CONSULTANT | | | SUPERVISOR | | | | | | DELEGATED  YES  NO | | | | | | | CAREER PROGRESSION GROUP  YES  NO | | | MASTER JOB DESCRIPTION  YES  NO | |
| COMMENTS | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1 TYPE OF REQUEST | | | | | | | | | | | | | | | | | | | | |
| Check appropriate request boxes. If master job description, see instruction sheet. | | | | | | | | | | | | | | | | |  | | | |
| AGENCY APPEAL | UPDATE | | | | | MASTER | | | | | | | |  | | |  | | | |
| EMPLOYEE APPEAL | JOB CORRECTION | | | | | CAREER PROGRESSION | | | | | | | | PERSONNEL AREA CODE | | | POSITION NUMBER | | | |
| 5.3 APPEAL | NEW POSITION GROUP | | | | | | | | | | | | |
| 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 GENERAL INFORMATION | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE’S NAME – FIRST, LAST | | | | | | | | | | | | | Employee Qualifies For Job    Yes  No | | | | OFFICE TELEPHONE  (     ) | | | |
| AGENCY/DEPARTMENT – OFFICE – DIVISION | | | | | | | | | | | | | | | | | HUMAN RESOURCES CONTACT | | | |
| OFFICIAL TITLE OF SUPERVISOR | | | | | | | | | | DIRECT SUPERVISOR’S POSITION NUMBER | | | | | | | HUMAN RESOURCES TELEPHONE  (     ) | | | |
| 3 COMPARATIVE POSITIONS List positions that have similar or identical duties to this position. | | | | | | | | | | | | | | | | | | | | |
| INCUMBENT NAME | | | | | | | | POSITION NUMBER | | | | OFFICIAL JOB TITLE / AGENCY | | | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | | |
| 4 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 |
|  | | |
| **5 ATTACHMENTS** | | | | Check to indicate attachments. Please review position description instruction sheet for details regarding required attachments | | | | | | | | | | | | | | | | |
| Organizational Chart (required)  Duties / Responsibilities (required)  Comments  MJD Position Numbers  Contracted Personnel Form | | | | | | | | | | | | | | | | | | | | |
| 6 SIGNATURES | | | | | | | | | | | | | | | | | | | | |
| 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 for processing) | | | | | | | | | | | 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. | | | | | |

SCS ASSIGNED CONSULTANT

SCS LOG NUMBER

COMPENSATION ADMINISTRATOR

DEPARTMENT OF STATE CIVIL SERVICE

P.O. BOX 94111 – CAPITOL STATION

BATON ROUGE, LA 70804-9111

**POSITION DESCRIPTION**

Form Revision Date: 7/1/2013

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| --- | --- |
| **7 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.  If duty(s) are short-term / temporary and nonrecurring, note beginning and ending dates and percent of time required to perform the duty(s). Begin the writing of your short-term duty statement(s) as follows: (SHORT-TERM – beginning and ending dates)  Example: (SHORT-TERM – 1/1/99 thru 1/31/99) I count…… | |
| 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. |