

NOTICE OF REVISION/CHANGE

TO

POLICY AND PROCEDURE MEMORANDUM #22

SUBJECT: PERSONNEL CHANGES

TO: ALL POLICY AND PROCEDURE MEMORANDUM HOLDERS

EFFECTIVE DATE: JULY 31, 1981; REVISED JANUARY 1, 1988; REVISED FEBRUARY 7, 1991; REVISED JULY 24, 2009; REVISED JUNE 3, 1991

REVISION DATE: JANUARY 3, 2013

This memorandum supersedes and replaces all previous information included in PPM #22 originally issued July 31, 1981. The current PPM is to be replaced in its entirety by this revised issue including the subject title from 'Request to Fill Vacant Positions/Personnel Changes' to 'Personnel Changes'.



ASSISTANT SECRETARY

This is revision No. 6 to this PPM with an original effective date of July 31, 1981.

IMPORTANT:

Insert this revision notice in PPM file preceding all other information on this subject to maintain a current document file.

POLICY & PROCEDURE MEMORANDUM #22

SUBJECT: PERSONNEL CHANGES
TO: POLICY AND PROCEDURE MEMORANDUM HOLDERS
EFFECTIVE DATE: JANUARY 2, 2013

POLICY:

The purpose of this policy is to implement personnel changes occurring within the Office of State Parks (OSP). Copies of all forms discussed within the content of this document are attached for reference in alphabetical order.

PROCEDURES:

The Hiring Process

1. Completion of the *Request to Fill* (RTF) Form is the first step in the hiring process. The form is to be completed by the hiring supervisor and submitted to the Office of the Deputy Assistant Secretary (DAS). When the RTF is approved, a job opportunity announcement will be made.
2. Notice of the availability of the *Eligible/Priority list(s)* of qualified applicants along with the associated applications will be sent from Human Resources to the hiring supervisor. The notice will contain a list expiration date. Upon expiration, the list can no longer be used for selection of a hiring candidate; therefore, the Conditional Offer of Employment must be signed prior to the list expiration date.
3. To comply with Civil Service rules, the *Department Preferred Re-Employment List* (DPRL) must be checked before selecting a candidate. To satisfy this requirement, the hiring supervisor is to email DCRT Human Resources to make the request. The name and contact information of the analyst assigned to the position vacancy can be found on the Notice of availability of the Eligible/Priority list(s). Once the analyst has cleared the DPRL, the clearance remains intact for two (2) weeks. If a firm offer is not in place by that time, another check for clearance of the DPRL must be made before commencing with hiring procedures.
4. Once the selected applicant is notified and has verbally accepted an offer of employment, that *applicant has 48 hours* to complete the following:
 - a) Sign the Conditional Offer of Employment
 - b) Complete the I-9 Form for E-Verify Purposes
 - c) Report to an approved SECON drug testing facility and submit to a drug screen

Once the candidate has met all eligibility requirements, the hiring supervisor is to complete and submit all paperwork necessary to complete the hiring process for a probational appointment.

Selection Requirements

Some positions, by their very nature, require a formalized hiring process. *Park Managers at all levels require interview panels* as follows:

1. The interview panel for Park Manager positions is to include the Deputy Assistant Secretary and the District Manager.
2. The interview panel for Park Manager positions reporting to and serving as assistants to the designated Park Manager of OSP sites is to include the Deputy Assistant Secretary, the District Manager, and the Park Manager of the site to which the applicants are applying.

The interview panel for Park Rangers at all levels is to include the Park Manager of the site to which the Ranger will be assigned, the District Manager, and the supervisor who is one level of authority higher than the District Manager.

Probational Employment

It is the policy of the Office of the Lieutenant Governor (OLG) and the Department of Culture, Recreation, and Tourism (DCRT) to use no less than a twelve-month probationary period, unless approved otherwise by the Appointing, to determine eligibility of newly hired employees for permanent status. At the end of the

twelve-month period, the immediate supervisor is required to submit a completed ***Permanent Status Consideration Form*** to the Office of the DAS certifying that the employee has met the required standards for receipt of permanent status in accordance with Civil Service Rule 9.2(a).

If employee certification cannot yet be determined at the end of the initial twelve-month period, the supervisor can recommend extension of the probationary period for up to a total of 24 months via submission of the Permanent Status Consideration Form along with a written memo to the Appointing Authority setting forth the reasons for the extension. Permanent appointment of a probationary employee shall begin upon certification by the Appointing Authority that the employee has met the required standard of work during the probationary period.

Conditional Offer of Employment

The Conditional Offer of Employment is an offer of employment that is dependent upon the successful completion of certain conditions that are outlined within the document. The top portion of the ***Conditional Offer of Employment Form*** through and including "Supervisor's Signature" and "Date" must be completed by the hiring or higher level supervisor and forwarded to the DAS to provide signatory approval. No offer, verbal or otherwise, is made to the applicant until approval is received from the Appointing Authority.

Once the Conditional Offer of Employment is approved, the signatures of the employment candidate and the witness to that signature are obtained. The completed document is then forwarded to the DAS for processing. No employment offer is firm until the conditional offer is complete.

Employment Eligibility Verification (Form I-9)

The purpose of the ***Employment Eligibility Verification (Form I-9)*** is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States. The employment candidate is to complete Section 1 of Form I-9 no later than the time of hire. The completed Form I-9, Notification of Drug Testing Period Form, along with the Non-Federal Custody and Control Form (Kroll) are to be faxed to Human Resources via the "HR-Preemployment" Button on the office copier. Originals of the requested documents are to be used to generate the faxes for the sake of clarity and to prevent delays due to lack of legibility upon receipt.

If the "HR-Preemployment" Button does not appear on your office copier, contact Information Services (IS) so that the information can be saved in your copier's address book. The original Form I-9 along with two (2) approved, unexpired forms of identification (driver's license, ID card issued by federal, state or local government agency, etc. as stated on page 5 of Form I-9) is to be sent directly to Human Resources with the new hire packet.

Background Checks

Law Enforcement Ranger positions and Louisiana Outdoor Outreach Program (LOOP) positions are sensitive positions related to agency firearms possession and frequent contact with juveniles, respectively. As such, the positions require ***background checks of all selected applicants prior to generation of the Conditional Offer of Employment***. Please see ***Field Memorandum #2012-003*** for proper agency procedures to obtain background checks for the aforementioned positions. The field memorandum ***includes the form, Authorization For Criminal Background Information which must be completed and signed by the selected applicant authorizing the required check***. Field Memorandums can be found on the "P" Drive at P:/Operations/Field Memorandums.

Drug Screen

All employees may be required to submit to drug and/or alcohol testing as a condition of employment, as a condition of continued employment, or as a condition of promotion, demotion, reassignment or detail to a safety-sensitive or designated position. A list of safety sensitive positions is listed on Channel-Z under Human Resource Policies as ***"Appendix A" of the Substance Abuse and Drug Free Workplace Policy***. Each prospective employee/appointee shall be required to submit to drug screening at a department-approved testing site ***within 48 hours of an employment offer***. A list of approved testing sites may be obtained via Channel-Z under HR Forms.

Step 1 of the ***Non-Federal Custody and Control Form*** is to be completed by the hiring supervisor and given to the employment candidate to take to the screening site. The ***Notification of Drug Testing Period Form*** is also to be completed at this time. This form informs the applicant of testing requirements. For classified positions, be sure to include the HR Announcement Number (as indicated in OnBase). The applicant then prints his/her name on the form and adds a signature acknowledging that the information is understood. One copy each of the completed forms is to be scanned to Human Resources and another copy retained by the hiring supervisor for verification upon receipt of results. Upon receipt of verification of negative results on the drug screening, the hiring supervisor has 24 hours to submit a Personnel Authorization Form to the Office of the DAS.

Personnel Authorization Form (301)

The *Personnel Authorization Form (301)* is used to effect all personnel changes and is the responsibility of the Unit Manager, Supervisor, or Section Head responsible for the incumbent affected by the change. The form is to be submitted to the Deputy Assistant Secretary for execution and forwarding to Human Resources. No payroll changes will be executed or considered authorized until the 301 has been received and approved through this process. The 301 is to be submitted to the Office of the DAS within 24 hours of a personnel change. *The employment candidate is not to begin work until an effective start date is issued by the Office of the DAS.*

New Hire Orientation

Field supervisors are responsible for having new hire employees complete new hire forms (i.e., direct deposit, tax forms, benefits forms, etc.) and that those forms are timely submitted to Human Resources. Hiring supervisors provide all newly hired staff members with a “new hire packet” that contains all paperwork related to their hire status with the department. The DCRT Human Resource Office provides a new hire orientation checklist to assist hiring supervisors and newly employed staff members with completion of the paperwork necessary to satisfy all Federal, Civil Service and Department requirements.

Newly hired staff members are required to attend a “*New Hire Orientation*” session presented by the DCRT Human Resource staff. It is the intent of the department that a policy orientation is held within two to three months of a new hire’s start date. To help accomplish this goal, newly-hired field personnel may be required to drive several hours from their assigned work site to attend a policy orientation session in Baton Rouge or at another identified site. The Human Resources Division will continue to provide complete orientation (forms and policies) to any new hires in and around the Baton Rouge area. If a field manager would like to send a new hire to a Baton Rouge orientation rather than wait for the traveling policy orientation and no travel expenses will be incurred, that supervisor is encouraged to contact Human Resources to make the necessary arrangements.

Hiring Above the Minimum

At the discretion of the Appointing Authority, Civil Service Rule 6.5(g) allows for eligible applicants who possess extraordinary or superior qualifications/credentials above and beyond the minimum qualifications/credentials to be paid at a rate above the minimum provided that:

1. Such superior qualifications/credentials are verified and documented as job related
2. The rate does not exceed the third quartile of the range for the affected job
3. The rate is implemented in accordance with written policies and procedures established by the department
4. The appointment is probational, provisional or a job appointment.

The procedure *to invoke Civil Service Rule 6.5(g)* is to forward your request presenting the rationale for the action to the Office of the Deputy Assistant Secretary along with the candidate’s application, a completed *Employment Record Verification Form* verifying past employment experience for each position relevant to the pay determination, and the Conditional Offer of Employment with only the top portion of the form completed (through supervisor’s signature) with the proposed rate of pay. A new Conditional Offer of Employment will be generated if, in consult with Human Resources, it is determined that a different employment rate is better suited to the agency’s composition and needs. The new Conditional Offer will be signed by the Appointing Authority, notated by Human Resources, and sent to the hiring supervisor for signatory acceptance of the employment candidate and a witness.

Finalization of the Employment Offer

The position vacancy is considered pending until DCRT Human Resources receives the completed *Addendum For Affirmative Action Data Form*. This form is an addendum to the Conditional Offer of Employment and must be completed by the hiring or higher level supervisor. The form is to be signed by all participating interviewers verifying the information contained therein and submitted to Human Resources along with the completed Conditional Offer of Employment.

Employees Hired at Minimum

In accordance with Civil Service Rule 6.21, the Office of the Lieutenant Governor (OLG) and Department of Culture, Recreation and Tourism (DCRT) may grant a 2% base pay increase for eligible employees appointed at the minimum of the pay range to aid in the recruitment and retention of department employees. This policy applies to all classified employees of OLG/DCRT hired on or after July 1, 2012, who were *NOT* appointed utilizing Civil Service Rule 6.5(b) or 6.5(g) as they are not eligible under this policy.

The increase may only be granted within twelve (12) months of the effective date of the employee's eligible appointment. Also, the employee must be serving in the same appointment that made her/him eligible under the policy on the date the payment is granted. For eligibility, the employee must meet the following conditions:

1. Serves in a job with probational or appointment status
2. Appointed at the minimum of the position pay range.
3. Served at least six (6) months in the appointment.

Employment of Minors Under 18

No minor under the age of 18 years shall be employed until the hiring supervisor has procured and has on file an employment certificate for such minor issued by the city or parish superintendent of schools. Therefore, you ***MUST complete the Intention to Employ Minors Under 18 Form***. If the potential employee's date of birth is even one (1) day after the hire date, this outlined process must occur.

The completed form (with manager's signature) is to be given to the applicant so that the parent's signature may be obtained. Once signed by the parent, the form is taken to the local school or school board to obtain the Work Permit. The permit is to be faxed to Human Resources ***prior to the drug screening request***.

Once the Work Permit is obtained and a copy faxed to Human Resources, the conditional offer and drug screening may begin. ***Drug screening of the minor cannot be completed without parental consent***. To obtain that consent, have the parent complete the Parental Consent for Employee Drug Testing Form. The form must be signed by the parent granting permission for their minor child to be drug tested. Once the minor returns this form, hiring procedures may commence.

Special Entrance Rates

Civil Service Rule 6.5(b) allows for the Director of Civil Service to authorize the appointment of qualified applicants at a special entrance rate or may authorize the use of a special retention rate within the range, or within the range plus base supplement authorized for the position, for the job in a limited geographical area, or for positions in a job where employment conditions are unusual. The special rate(s) must be approved by the Commission at its next scheduled meeting after action was taken by the Director. The policy, along with a list of positions affected, can be found on OLG/DCRT's Intranet Channel-Z at <http://www.crt.state.la.us/HR/Policies.aspx>.

Re-Allocation

Some positions are designated in a training series and employees occupying those positions must meet certain minimum qualifications and standards of work during the training period to receive an upward reallocation to the next pay level within the series. Therefore, that reallocation is not automatic once the qualifying period is reached. Once the standards are achieved, a ***Training Series Consideration Form*** must be completed and submitted along with the Personnel Authorization Form (301), a letter of justification for the reallocation, and an updated Civil Service application to the Office of the DAS to effect reallocation to the next level of the training series. If there is a question as to whether or not a position is in a training series, please contact the Office of the DAS.

Employee Transfers

The 301 must be completed for all employee transfers. ***If an employee transfers from a non safety sensitive position to one that is safety sensitive, a drug screen is required***; whereas, the drug screen is option with an employee moving from one safety sensitive position to another. There are three (3) types of employee transfers: Employee lateral, promotion, demotion.

1. To transfer an employee without promotion or demotion is considered a ***lateral transfer***. To effect this change, submit a completed 301 to the Office of the DAS.
2. To transfer an employee to a position in a higher grade is considered a ***promotion***. To comply with Civil Service requirements, the only way an employee can be hired into a higher grade position is through the normal hiring process. ***See the Hiring Process on Page 1.***
3. To transfer an employee to a position in a lower grade is considered a ***demotion***. According to Civil Service Rule, a pay reduction accompanies all demotions. Subject to the provisions of Civil Service Rule 6.29, the Appointing Authority may grant exceptions to the pay reduction for voluntary demotions dependent upon circumstances. To effect an employee demotion, submit a completed 301 to the Office of the DAS. For an exception to the reduction in pay for voluntary demotions, ***a written request from the employee*** must accompany the 301 at the time of submission.

Employee Separations

DCRT is required to submit a separation notice with the Louisiana Department of Labor within 72 hours after an employee has been separated from work. To ensure compliance with this law, the following procedures are required upon employee separation:

- 1. Complete the **301** separating the employee and *an OLG/CRT Employee Exit Interview Report* (Interview Report) immediately upon the employee separation.
- 2. Scan and email the completed separating 301 and Exit Interview to The Deputy Assistant Secretary, the Assistant Director of Human Resources, and the Assistant to the Deputy Assistant Secretary immediately after completion and place the originals in the mail *within 24 hours of the emailed submission*.

Note: Unless otherwise stated, all forms mentioned and/or attached to this PPM, may be found on DCRT’s Channel-Z. Please access all forms online to ensure use of the most updated versions. Certain paperwork is returned unprocessed if requests are submitted on outdated forms.

All forms referenced in PPM #22 are listed in alphabetical order and can be found on the following pages:

	<u>Page</u>
• Addendum for Affirmative Action Date	8
• Application to employ Minors Under Age 18	9
• Appendix A	10
• Authorization for Criminal Background Information	11
• Conditional Offer of Employment	12-13
• Employment Eligibility Verification	14-18
• Employment Record Verification Form	19
• New Hire Orientation Checklist	20-23
• Notification of Drug Testing Period	24
• OLG/CRT Employee Exit Interview Report	25
• Parental Consent for Employee Drug Testing	26
• Permanent Status Consideration Form	27
• Personnel Authorization Form	28
• Request to Fill Form	29
• Training Series consideration Form	30

ADDENDUM FOR AFFIRMATIVE ACTION DATA

This form is an addendum to the Conditional Offer of Employment and should be completed by the Hiring Supervisor/Director and submitted to the Human Resources Division at the same time as the Conditional Offer of Employment.

Position #:

Job Title:

Exam Plan #:

Section:

1. Please indicate the name and interview dates/times for each applicant that was interviewed for the position:

Applicant Name	Date	Time

2. Please list any applicants that scheduled interviews, but cancelled or did not appear for the interview:
3. Please list any applicants that were offered an interview or to whom an offer of employment was made, but the applicant declined:
4. Please indicate the name of the applicant being recommended for appointment to the subject vacancy:

INTERVIEWERS: Please sign below.

Name

Date

Name

Date

Name

Date



Application to Employ Minors Under Age 18
OFFICE OF WORKFORCE DEVELOPMENT

NOTE: This form is not an Employment Certificate.

The process for employing a minor, under the age of 18, involves a two-part process:

- 1. After the employer completes this application, the minor must have a parent sign the Parent's Consent Statement section below. Bring the form, along with proof of age (examples: birth certificate, driver's license, etc.) to an authorized issuing location, typically the School Board or high school).
- 2. The authorized official will then issue an Employment Certificate, providing all conditions regarding hours, type of employment, etc. are in accordance with R.S. 23:151-234.

Applicant Information:

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of minor		Age	Sex	Date of birth
<input type="text"/>			<input type="text"/>	
Physical address: city, state and zip code			Telephone number	
<input type="text"/>		<input type="text"/>		
Number of work hours per day		Number of days per week		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time shift begins		Time shift ends		Minors ages 14 and 15 only:
Prior to school days				Time shift begins and ends during June 1 – Labor Day

Employer Information:

<input type="text"/>	
Name of employer (DBA)	
<input type="text"/>	
Physical address — where work will be performed: city, state and zip code	
<input type="text"/>	<input type="text"/>
Employer's telephone number	Industry of employer
<input type="text"/>	
Job tasks to be performed by minor	
<input type="text"/>	
Job tasks (continued)	
<input type="text"/>	
Name and title of employer representative	Signature: Name of employer representative

Parent's Consent Statement:

I, <input type="text"/>	<input type="text"/>	<input type="text"/>	hereby give consent for
Signature of consenting parent or legal guardian	Date	Telephone number	
<input type="text"/>			
Name of child			

, to be employed by the above named employer.

NOTE: This form is not an Employment Certificate.
THIS FORM MUST BE COMPLETED AND SIGNED BY
AN EMPLOYER REPRESENTATIVE OF THE EMPLOYING FIRM.

State of Louisiana
Office of the Lieutenant Governor
Department of Culture, Recreation and Tourism

APPENDIX A

Office of State Museum

Carpenter
Carpenter Foreman
Carpenter Master
Electrician
Electrician Foreman
Police Captain-A
Police Lieutenant-A
Police Officer 1-A
Police Officer 2-A
Police Officer 3-A
Police Sergeant-A

Office of State Parks

Black Powder Certified Employees
Carpenter Master
Maintenance Foreman
Maintenance Repairer 1
Maintenance Repairer 2
Maintenance Superintendent
Mobile Equipment Operator 1
Park Manager 1*
Park Manager 2*
Park Manager 3*
Park Manager 4*
Park Manager 5*
Park Ranger 1
Park Ranger 2
Park Ranger Specialist
Parks Chief of Operations
Parks District Manager

** - Only those employees occupying these job titles that are POST-certified.*

Office of Tourism

Courier:
Administrative Coordinator 3
Administrative Coordinator 4
Tourist Information Regional Coordinator

DEPARTMENT OF CULTURE, RECREATION AND TOURISM
OFFICE OF STATE PARKS

AUTHORIZATION FOR CRIMINAL BACKGROUND INFORMATION

APPLICANT'S FULL NAME (PRINT): _____
LAST FIRST MIDDLE

DOB: _____ DRIVER'S LICENSE #: _____ STATE: _____

RACE: _____ SEX _____

POSITION APPLIED FOR _____

TO WHOM IT MAY CONCERN:

I hereby authorize the Department of Culture, Recreation & Tourism, Office of State Parks, to conduct a thorough review of my criminal history and driving records through the Office of State Police and any other law enforcement agency possessing such pertinent information. This authorization is granted for the purpose of determining my eligibility for employment with the Office of State Parks. I further understand that the information obtained will be maintained in strict confidence.

I hereby release the Department of Culture, Recreation & Tourism, Office of State Parks, and its employees, agents and representatives from all liability and claims that I have or may have arising from or relating to the receipt and use of the requested information.

This authorization is valid for sixty days.

APPLICANT SIGNATURE

DATE

SITE MANAGER SIGNATURE

DATE

Office of the Lieutenant Governor (OLG)
Department of Culture, Recreation and Tourism (DCRT)

CONDITIONAL OFFER OF EMPLOYMENT

Completed Addendum
for Affirmative Action
Data attached:
→→ (Select one)

This conditional offer of employment is herein extended with provisions as follows:

Applicant Name:

Job Title:

Position Number:

Department/Section:

Rate of Pay:

Appointment Type:

Status:

Proposed Effective Date:

\$

☐ Bi-Weekly

☐ Hourly

(Select one)

(Select one)

The above conditional offer is approved by:

Supervisor's signature

Date

Appointing Authority's signature

Date

For HR Director's Use:

The above salary is in accordance with:

☐ Civil Service Rule

☐ PPM #

Approved:

This conditional offer is subject to the following **SPECIAL CONDITIONS OF EMPLOYMENT:**

1. Drug Screening: You must submit to and pass a drug screening as conducted at a State-approved drug testing site (except if transferring from another State agency without a break in service);

2. Compliance: Your appointment must comply with the requirements of Article X of the Constitution, the Civil Service Rules, the Uniform Classification and Pay Plans, and the policies and procedures issued by the Civil Service Director.

3. Documentation: You must provide the following documentation to the Human Resources Division in accordance with the deadlines indicated below.

Social Security Card and Driver's License for purposes of the LaGov HCM payroll system – within 3 days of hire;

Original or certified documents for identification and employment eligibility purposes in accordance with the E-Verify system – within 3 days of hire;

Official college transcript (if required to qualify for the job) – within 15 days of hire date;

Copy of Selective Service registration card (if male ages 18-25) – within 15 days of hire date;

Proof of military service (if claiming Veteran status) – within 15 days of hire date.

Any license or certification as required by the minimum qualifications for the job (such as attorney, CPA, POST-certification) – within 15 days of hire and annually thereafter.

4. Agreement:

You agree to receive wage and compensation payments via direct deposit through electronic transfer of funds into a checking or savings account or bank, savings and loan, or credit union which is authorized by the Division of Administration.

If you are currently a State employee and are transferring from permanent status to probational status, you must sign an Acknowledgment Statement, which is located at www.crt.la.state.us/HR/Policies.aspx, verifying your acceptance of a probational appointment.

If you have resigned or retired from State service and were paid for any annual leave, you may be required to repay all or part of that amount.

For non-POST certified Park Rangers only: You must sign an agreement which provides for the repayment of costs of POST certification training if you resign within two (2) years of receiving training.

For employees participating in a State retirement system: You must sign a statement (Form SSA-1945) that you are aware of a possible reduction in future Social Security benefits entitlement in accordance with Section 419c of Public Law 108-203, the Social Security Protection Act of 2004.
- I understand and accept the conditions of employment stated above. I further understand that failure to comply with any of these conditions may result in the revocation of this offer and/or separation from employment.
- Applicant's signature

Date

Witness's signature

Date

ADDENDUM FOR AFFIRMATIVE ACTION DATA

This form is an addendum to the Conditional Offer of Employment and should be completed by the Hiring Supervisor/Director and submitted to the Human Resources Division at the same time as the Conditional Offer of Employment.

Position #:

Job Title:

Exam Plan #:

Section:

1. Please indicate the name and interview dates/times for each applicant that was interviewed for the position:

Applicant Name	Date	Time

2. Please list any applicants that scheduled interviews, but cancelled or did not appear for the interview:

3. Please list any applicants that were offered an interview or to whom an offer of employment was made, but the applicant declined:

4. Please indicate the name of the applicant being recommended for appointment to the subject vacancy:

INTERVIEWERS: Please sign below.

Name

Date

Name

Date

Name

Date

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12
**Form I-9, Employment
Eligibility Verification**

Instructions
Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

- 1. Document title;
- 2. Issuing authority;
- 3. Document number;
- 4. Expiration date, if any; and
- 5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment
Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States (see instructions)

☐ A lawful permanent resident (Alien #) _____


☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative _____		Date (month/day/year) _____

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be unexpired

LIST A		LIST B		LIST C	
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization	
OR		AND			
1. U.S. Passport or U.S. Passport Card	2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
4. Employment Authorization Document that contains a photograph (Form I-766)	5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	5. Native American tribal document
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)	
		7. U.S. Coast Guard Merchant Mariner Card			
		8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security		
		9. Driver's license issued by a Canadian government authority			
		For persons under age 18 who are unable to present a document listed above:			
10. School record or report card		11. Clinic, doctor, or hospital record			
12. Day-care or nursery school record					

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Office of State Parks

Employment Record Verification Form

Applicant Information

Applicant Name: _____
Last First M.I.

Position Applied for: _____

Previous Employment

Name of Contact: _____

Title: _____ Phone: () _____

Company: _____

Date and Time of Contact _____

Completion of this form confirms that the above named person has verified the extraordinary qualifications/credentials necessary for Civil Service Rule 6.5g consideration.

Name (Printed)

Signature

NEW HIRE ORIENTATION CHECKLIST (rev 9/12)

Name: _____ Job Title: _____
Office/Section: _____ Hire Date: _____

Select the appropriate Appointment Type:

Full-Time Classified Appt with Benefits (check one):	<input type="checkbox"/> Probational	<input type="checkbox"/> Permanent
Special Appointment (call HR for explanation of benefits):	<input type="checkbox"/> Unclassified Appointment	<input type="checkbox"/> Classified Job Appointment
Part-Time Appointment (No benefits, no leave, no paid holidays, no retirement):	<input type="checkbox"/> Classified Restricted Appointment	<input type="checkbox"/> Seasonal or WAE Wage <input type="checkbox"/> Student

SECTION 1: NEW HIRE FORMS AND DOCUMENTS (to be completed by new hire)
Upon notification of a satisfactory drug test result and an effective date of hire, please complete Section 1 of this checklist, and present it (along with the required documents) to your supervisor on your first day of work.

A. When reporting for your first day of work, you are REQUIRED to present the following documents:

- ☐ Form I-9 Documents to prove citizenship and work authorization (if not presented at time of job offer);
- ☐ Signed Original Social Security Card
- ☐ Valid Driver's License or State-issued ID
- ☐ Voided Check for Direct Deposit to Checking Account
- ☐ Copy of DD-214 (if you are a veteran)
- ☐ Work Permit and Intention to Employ a Minor (required for employees under age 18)
- ☐ Probational Status Acknowledgement Statement (if forfeiting permanent status upon transferring from another agency)
- ☐ Official Original College Transcript(s), if applicable
- ☐ Selective Service Registration Card (males age 18-25)
- ☐ License or certification (if required)
- ☐ Law Enforcement Contract Agreement (for non-POST certified Park Ranger employees only)

B. The following forms should be completed prior to your first day of work:

- ☐ Confidentiality of Home Address and Phone Number
- ☐ Prior State Service Questionnaire
- ☐ L-4 State Withholding Exemption Certificate
- ☐ W-4 Federal Withholding Allowance Certificate
- ☐ Direct Deposit Enrollment Authorization – Main Bank (if your direct deposit will be sent to a savings account rather than a checking account, your bank MUST complete the form)
- ☐ Direct Deposit Enrollment Authorization – Secondary Bank (if applicable)
- ☐ Employee Identification Badge/Access Card Enrollment Form
- ☐ Statement of Agreement or Understanding RE: Compensation for Overtime Work (only applicable for leave-earning positions)
- ☐ Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security (not applicable for students/wage employees)

NEW HIRE ORIENTATION CHECKLIST (rev 9/12)

SECTION 2: CONDITIONS OF EMPLOYMENT (to be completed by supervisor)

This section must be completed by the supervisor to ensure that the new hire has met all of the conditions of his/her employment before proceeding to Section 3. If any of the answers below are "No," the supervisor must check with HR to determine the appropriate course of action.

A. The following conditions of this new hire's employment have been met, to include:

- | | | |
|---|------------------------------|-----------------------------|
| • Conditional Offer of Employment is completed, approved, and discussed with employee | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Drug Testing results have been obtained from HR and employee notified | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Reference Checks have been completed by supervisor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Criminal Background Check completed by HR (if necessary) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Work Permit and Intention to Employ a Minor completed (required for employees under age 18) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 3: FORMS/DOCUMENT REVIEW (to be completed by supervisor)

This section should be completed by the supervisor to ensure that the employee has completed his/her new hire paperwork appropriately.

The forms and documents as listed in Section 1 above have been reviewed for completeness, and any areas of deficiency or omission have been corrected. ☐ Yes ☐ No

SECTION 4: INTRODUCTION (to be completed by supervisor with employee)

This section must be completed by the supervisor as an introduction to OLG/DCRT, as well as overall State employment. This introduction must be provided to ALL employees, regardless of Appointment Type.

A. The following introductory materials have been provided to and/or completed with the new employee, to include:

- ☐ State Employment: Advantages and Responsibilities (Handout)
- ☐ Introduction to DCRT – A Brief Overview (Handout)
- ☐ Supervisor's Checklist
- ☐ Appointment Affidavit (SF-13)
- ☐ Employee Work Schedule Form
- ☐ Louisiana Employees Online (LEO) System – Instruction Brochure (Handout)

SECTION 5: BENEFITS (to be completed by supervisor with employee)

This section should only be completed for those employees that are eligible for benefits (as determined by their Appointment Type noted above). If the employee is not eligible for benefits, please write "N/A" next to this section and proceed to Section 6 below.

A. The following GENERAL BENEFITS INFORMATION has been provided to the new employee:

- ☐ Regular, full-time employees (classified and unclassified) are eligible for State retirement and insurance. Most part-time, temporary employees are not eligible for benefits. Some exceptions may apply but must be confirmed by the Human Resources Division prior to enrollment. New employees who are eligible must enroll in the State's retirement plan immediately; however, they have 30 days from the hire date (or 121st consecutive day for temporary employees working 30 or more hours per

NEW HIRE ORIENTATION CHECKLIST (rev 9/12)

week) to enroll in the State’s Group Insurance and Flexible Benefits Plan. Additional forms are required if dental and life insurance are desired. All insurance applications submitted after 30 days are considered “late enrollments.” After the 30 days, enrollment in the Flexible Benefits Plan is not available again until Annual Enrollment.

B. The following GENERAL BENEFITS HANDOUTS have been provided to the new employee:

- ☐ Some of the Benefits of Working in Louisiana State Government
- ☐ List of benefit providers’ web sites and customer service numbers

C. The following RETIREMENT forms and/or information has been discussed with the new employee:

- ☐ Is the employee a member of another State retirement system? ☐ Yes ☐ No
- ☐ Has employee retired from LASERS, Teachers’ Retirement, or another State retirement system? ☐ Yes ☐ No
- ☐ LASERS Benefits Handbook (available at www.lasersonline.org)
- ☐ LASERS Membership and Optional Membership Registration (Form 1-01)
*Note: Participation in LASERS is mandatory before age 55. Newly-hired employees over 55 years of age **must** contact the Human Resources Division if they are interested in other retirement plan options. If age 55 and over and eligible for Deferred Compensation or Social Security in lieu of LASERS, the employee is required by law to be enrolled in LASERS until proof of 40 quarters in Social Security (SSA-7005) is submitted by the employee to the Human Resources Division.*
- ☐ LASERS Designation of Beneficiary (Form 1-06), if applicable (**NOTE: Must be an original**) (available at www.crt.state.la.us/HR/Forms.aspx).
- ☐ Membership Registration from other retirement system, if applicable (obtain from HR)
- ☐ LASERS Reemployment of Retiree (Form 10-2), if applicable

D. The following benefits forms for OFFICE OF GROUP BENEFITS (OGB) coverage have been provided to the new employee:

Health Insurance:

- ☐ Benefit rates and plan information may be found at www.groupbenefits.org. The “Health Plans” link provides further information on the plans available in specific areas of the State and rates applicable to those plans.
- ☐ Office of Group Benefits Enrollment/Change Form (GB-01) – **due within 30 days of hire date**
Note: If employee is electing not to enroll in health insurance, please have him/her mark “No coverage” under the Level of Medical Coverage Selected section.
- ☐ Insurance Portability Law (IPL) Application (if enrolling in health insurance)

Life Insurance (underwritten by Prudential):

- ☐ Office of Group Benefits Enrollment/Change Form (GB-01) – **due within 30 days of hire date**
Note: If employee is electing not to enroll in life insurance, please have him/her mark “No Coverage Employee/Dependent” under the Life Insurance section.
- ☐ Prudential Enrollment Packet (GL 2005.055; GL 2005.289) – **due within 30 days of hire date**
Note: If employee is electing to enroll in life insurance, please have him/her complete the Enrollment form and Beneficiary Designation form in addition to the GB01.

NEW HIRE ORIENTATION CHECKLIST (rev 9/12)

Flexible Benefits Plan:

- ☐ Flexible Benefits Plan Enrollment/Stop Form for Current Plan Year
- ☐ Flexible Spending Accounts Enrollment Form (available upon request)

SECTION 6: OPTIONAL BENEFITS (to be completed by supervisor with employee)
The miscellaneous, optional benefits noted below are available to ALL employees, regardless of Appointment Type.

A. The following miscellaneous, optional benefits have been made available to the new employee:

- ☐ Supplemental insurance policies available through private vendors
Note: These companies are approved for payroll deduction. Policies offered include term-life insurance; whole life insurance; dental; cancer; intensive care; disability; etc. More information can be obtained from www.dca.louisiana.gov/OSUP/stwide_Vnd_Prod_Listing_January2012.htm
- ☐ LaChip health insurance for children (fees dependent on eligibility)
- ☐ START Savings Plan (for college expenses)
- ☐ Deferred Compensation (tax-deferred savings 457 retirement plan)
- ☐ LA Capitol Credit Union

ORIENTATION ACKNOWLEDGEMENT:

I, _____, have been informed of all the items listed on this New Hire Orientation Checklist and have been afforded an opportunity to ask questions. If I have any further questions for which my supervisor was unable to provide guidance, I understand that I am to contact the Human Resources Division at (225) 342-0880.

Employee's Signature

Date

Supervisor's Signature

Date

**** PLEASE RETURN COMPLETED CHECKLIST TO THE HUMAN RESOURCES DIVISION WITH ALL REQUIRED FORMS/DOCUMENTS WITHIN TWO (2) DAYS OF HIRE. ****

**NOTIFICATION OF DRUG TESTING
PERIOD**

Drug Testing must be completed within 48 hours of employment offer. Failure to do so will result in withdrawal of offer, even if results are negative after 48 hours.

PRINT NAME	_____
SIGNATURE	_____
AGENCY	_____
DIVISION/SECTION	_____
JOB TITLE	_____
POSITION NUMBER	_____
START DATE	_____
HR ANNOUNCEMENT # (Classified Positions Only)	_____
DATE	_____
TIME	_____

OLG/CRT EMPLOYEE EXIT INTERVIEW REPORT
for all separations or transfers (transfers to other state agencies or within OLG/CRT)

TO BE COMPLETED BY EMPLOYEE

NAME _____ PERSONNEL # _____ SSN _____
ADDRESS _____ HOME PHONE # _____
AGENCY/OFFICE _____ POSITION TITLE _____

☐ SEPARATION (ending all state service) ☐ TRANSFER (movement within state government)
Effective Date _____ Effective Date _____

REASONS FOR LEAVING
☐ Resignation - Pay Reasons
☐ Resignation - Work Related
☐ Resignation - Personal
☐ Resignation - Shift/Locale/Housing
☐ Resignation - To Avoid Dismissal
☐ Resignation - To Attend School
☐ Resignation - Better Job/Other Industry
☐ Resignation - Reason Not Stated
☐ Retirement
☐ Separation From Probation
☐ Dismissal
☐ Non-Disciplinary Removal (ExhaustSickLv/UnschedAbs)
☐ Layoff
☐ Termination of Temporary Appt.
☐ Death

To: _____
Dept _____ Section _____
Title _____ Start Date _____
Choose one: ☐ Classified ☐ Unclassified
Choose one: ☐ Lateral ☐ Promotion ☐ Demotion

REASONS FOR TRANSFERRING
☐ Transfer - Pay Reasons
☐ Transfer - Work Related
☐ Transfer - Personal
☐ Transfer - Shift/Locale/Housing
☐ Transfer - To Avoid Dismissal
☐ Transfer - Reason Not Stated
☐ Voluntary - Dept. to Dept.
☐ Transfer - Dept. Functions Moved-Preferred List
☐ Transfer - Dept. Functions Moved-Non-Preferred List

Comments _____ Comments _____
(If you would like to provide additional information regarding your leaving OLG/CRT, please call HR at (225) 342-0880.)

I have returned all state property that has been in my possession during employment:
☐ ID/Building Access Card ☐ Purchasing (VISA) Card ☐ American Express Card ☐ Fuelman Card ☐ Office Keys
☐ Pager ☐ Cell Phone ☐ Lap Top Computer ☐ Radios/Recorders ☐ Uniforms ☐ Employee Handbook ☐ Other _____

I wish to withdraw my LASERS' contributions ☐ Yes ☐ No (Only if leaving state government. If yes, you must complete an ER-2 LASERS' refund form and forward it to the Human Resources Office.)

Employee's Signature _____ Date _____

TO BE COMPLETED BY SUPERVISOR ☐ Human Resources Office notified
☐ 301 form completed & attached ☐ 301 form processed separately

I have received the following state property from the above employee and have notified the proper authorities to cancel all associated access codes.

☐ ID/Building Access Card ☐ Purchasing (VISA) Card ☐ American Express Card ☐ Fuelman Card ☐ Office Keys
☐ Pager ☐ Cell Phone ☐ Lap Top Computer ☐ Radios/Recorders ☐ Uniforms ☐ Employee Handbook ☐ ISIS ID #
☐ Annual Travel Authorization # ☐ Computer Access # ☐ Other _____

☐ I concur ☐ I do not concur with information completed by employee.

Comments _____

Supervisor's Signature _____ Date _____



JAY DARDENNE
LIEUTENANT GOVERNOR

State of Louisiana
OFFICE OF THE LIEUTENANT GOVERNOR
DEPARTMENT OF CULTURE, RECREATION & TOURISM
MANAGEMENT AND FINANCE

CHARLES R. DAVIS
DEPUTY SECRETARY

DESIRÉE W. HONORÉ
UNDERSECRETARY

PARENTAL CONSENT FOR EMPLOYEE DRUG TESTING

My minor child, _____, has been offered employment by the Office of the Lieutenant Governor (OLG) or the Department of Culture, Recreation, and Tourism (DCRT). I fully understand that as an employee of the OLG/DCRT, my child will be subject to the OLG/DCRT's Substance Abuse and Drug-Free Workplace Policy. I have been provided a copy of this policy, and I hereby acknowledge that I have thoroughly read and understand its terms and provisions.

My signature hereon serves as parental consent:

- a) For my child to undergo pre-employment drug testing and to submit a urine sample for that purpose;
- b) For my child to be drug tested in accordance with the terms of the OLG/DCRT's policy and as permitted by law;
- c) For the OLG/DCRT to submit my child's urine sample for testing for drugs prohibited by its policy; and
- d) For the OLG/DCRT to obtain the results of my child's drug test from a certified laboratory for use in accordance with the OLG/DCRT's policy.

SIGNATURE: _____

DATE: _____

Revised 12/02/10

Office of the Lieutenant Governor (OLG)
Department of Culture, Recreation and Tourism (DCRT)

PERMANENT STATUS CONSIDERATION FORM

To ensure proper utilization of this time, it is the policy of OLG/DCRT to use no less than a twelve (12) month probationary period, unless approved otherwise by the Appointing Authority. Given this, the below referenced employee is eligible for permanent status consideration:

Employee Name:

Personnel #:

Job Title:

Department/Section:

Appointment Date:

Upon consideration, the following action is deemed appropriate:

☐ APPROVE

Effective Date:

(Effective date must be 12-24 months from the appointment date, unless an exception is granted by the Appointing Authority, in which case, it can be no less than 6-months from the appointment date.)

I certify that this employee has met the required standards for receipt of permanent status in accordance with Civil Service Rule 9.2(a).

Supervisor's signature

Date

Appointing Authority's signature

Date

☐ RECONSIDER

To be reconsidered on (Date):

I recommend this employee's permanent status be reconsidered on the above referenced date under Civil Service Rule 9.1(a), which allows for a probationary period of up to 24 months. The reasons are as follows:

☐ Employee was reassigned during the probationary period/inadequate evaluation period;

☐ Improvement needed:

☐ Other:

Supervisor's signature

Date

Appointing Authority's signature

Date

FOR HUMAN RESOURCES USE ONLY:

"I certify that this personnel action complies with the requirements of Article X of the Constitution, the Civil Service Rules, the Uniform Classification and Pay Plans, and the policies and procedures issued by the Director."

Signature

Date

Entered in LaGov HCM:

Initials

Date

Office of the Lieutenant Governor (OLG)
Department of Culture, Recreation and Tourism (DCRT)
PERSONNEL AUTHORIZATION FORM (Form 301)

EMPLOYEE INFORMATION

Name: _____ **Pers #:** _____ **Date:** _____
Name listed on Social Security Card (If known)

POSITION INFORMATION

Office: _____ **Section:** _____
Position #: _____ **Work Parish:** _____
Job Title: _____ **Previous Incumbent:** _____

BUDGET INFORMATION

Coding:

	Cost Center	Reporting Category	%	Reporting Category	%
Salary Object:	Full-time		Part-time		
	<input type="checkbox"/> 2100 Salary	<input type="checkbox"/> 2200 Wages	__ hours per week	<input type="checkbox"/> 2200 Wages	<input type="checkbox"/> 2210 Student
	<input type="checkbox"/> Other:			<input type="checkbox"/> Other:	
Source of Funds:	State Funds:	%	Federal:	%	Other: %

NATURE OF ACTION

Effective Date: _____ **Employee Type:** ☐ Classified ☐ Unclassified

☐ **Appointment Type:** ☐ Probational ☐ Non-Competitive Re-employment ☐ Job Appointment
☐ Permanent ☐ Restricted Appointment ☐ Temp/Student Appointment
☐ Transfer (check one): 1. ☐ Lateral; 2. ☐ With Promotion; 3. ☐ With Demotion

☐ **Status Change:** ☐ Promotion ☐ Reallocation (check one): In a CPG? ☐ Yes ☐ No
☐ Detail to Special Duty ☐ Demotion (check one): 1. ☐ Voluntary; 2. ☐ Disciplinary
☐ Unclassified to Classified ☐ Classified to Unclassified ☐ Salary Adjustment
☐ Performance Adjustment ☐ Other:

☐ **Separation:** ☐ Resignation (voluntary) ☐ Transfer to another State agency ☐ Retirement
☐ Termination (permanent employee) ☐ Termination of Temp Appt (seasonal, student) ☐ Death
☐ Resign to Avoid Dismissal ☐ Separation from Probational Appt ☐ Layoff

Current Job Title: _____ **Current Salary:** \$ _____
☐ Bi-Weekly ☐ Hourly

New Job Title: _____ **New Salary:** \$ _____
☐ Bi-Weekly ☐ Hourly

APPROVED: _____
Supervisor Appointing Authority

FOR HUMAN RESOURCES USE ONLY:			
"I certify that this personnel action complies with the requirements of Article X of the Constitution, the Civil Service Rules, the Uniform Classification and Pay Plans, and the policies and procedures issued by the Director."			
Civil Service Hiring Authority: _____		Signature _____ Date _____	
Pay Rule: _____ <input type="checkbox"/> Justification attached		Rehired Retiree Date: _____	
Meets Min Quals: _____		CPG Eligibility Date: _____	
Initials _____ Date _____		Entered in LaGov HCM: _____	
		Initials _____ Date _____	

Office of the Lieutenant Governor (OLG)
Department of Culture, Recreation and Tourism (DCRT)

R – 10/12

REQUEST TO FILL (RTF) FORM

POSITION INFORMATION

Job Title: _____ **Position #:** _____ **Uncl Sal:** \$ _____ hr.

Office: (Select one) _____ **Work Parish:** _____

Division/Park/Welcome Center: _____

Request Type: ☐ New Position ☐ Existing Vacancy **Date Vacated:** _____

Previous Incumbent: _____ **Immediate Supervisor:** _____

Is this position: (check one) ☐ Supervisory ☐ Non-Supervisory

Update of Position Description (SF-3):
SF-3s must be updated every five (5) years; when duties have changed significantly; or when filling a supervisory position if the SF-3 is more than one (1) year old.

Does the SF-3 require update?
☐ Yes ☐ No (if yes, please attach.)

Coding:

	Cost Center	Reporting Category	%	Reporting Category	%
	Full-time		Part-time		
Salary Object:	<input type="checkbox"/> 2100 Salary	<input type="checkbox"/> 2200 Wages	__ hours	<input type="checkbox"/> 2200 Wages	<input type="checkbox"/> 2210 Student
	<input type="checkbox"/> Other:		per week	<input type="checkbox"/> Other:	
Source of Funds:	State Funds:	%	Federal:	%	Other: %

ANNOUNCEMENT TYPE

Select desired announcement type(s):
(Check one or more, if applicable)

<input type="checkbox"/> Probational	<input type="checkbox"/> Unclassified Regular
<input type="checkbox"/> Promotional – DCRT Employees Only	<input type="checkbox"/> Unclassified Temporary (Wage, Student)
<input type="checkbox"/> Promotional – All Classified State Employees	<input type="checkbox"/> Do not announce (Only applicable for unclassified regular; unclassified temporary/wage; or restricted appointments)
<input type="checkbox"/> Classified Temporary (Job Appt., Restricted Appt.)	

ANNOUNCEMENT INFORMATION

List any preferred qualifications above that which is required as part of the minimum qualifications for the job:
(Such as programmatic work experience in the relevant field of work; a test score at or above 80; skills in a specific computer program, etc.).

List any special requirements for the position:
(Check one or more, if applicable)

☐ Work Schedule: _____

☐ Overtime (as deemed necessary) ☐ Travel ☐ Driving

APPROVALS

_____ Supervisor's signature	_____ Date	_____ Assistant Secretary's signature	_____ Date
_____ Secretary/Undersecretary's signature	_____ Date		

FOR HUMAN RESOURCES USE ONLY:

Initials: _____	Log Number: _____
Date Received: _____	Exam Plan Number: _____

Department of Culture, Recreation and Tourism

TRAINING SERIES CONSIDERATION FORM

Date _____

Employee _____	Agency _____
Emp # _____	Position # _____
Current Title/GS _____	Proposed Title/GS _____
Current Salary _____	Proposed Salary _____
	Eligibility Date _____

_____ APPROVE	Effective Date _____
---------------	----------------------

I certify that this employee has met the minimum qualifications and required standards of work during the training period and hereby recommend an upward reallocation with pay to the next level in the training series in accordance with Civil Service Rules.

Supervisor _____	Date _____	Appointing Authority _____	Date _____
------------------	------------	----------------------------	------------

_____ RECONSIDER IN _____ DAYS

I recommend this employee=s reallocation within the training series be reconsidered on _____. The reasons are as follows:

Improvement needed _____
Other _____

Supervisor _____	Date _____	Appointing Authority _____	Date _____
------------------	------------	----------------------------	------------

_____ RECONSIDERATION

_____ Training Series reallocation is approved effective _____
_____ Training Series reallocation should be reconsidered on _____

Supervisor _____	Date _____	Appointing Authority _____	Date _____
------------------	------------	----------------------------	------------

NOTE:
Reallocation to the next level of a training series will not be processed by Human Resources until this form is completed and returned to the Human Resources Office.
If further reconsideration is warranted, use additional form with this form attached.