

PERSONNEL DATA AND/OR CHANGE FORM

DCRT
OMF-301
R-06/02

TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

NAME: _____ PERS #: _____ DATE: _____
Name as listed on your Social Security card (If known)

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

IS ADDRESS CONFIDENTIAL: ☐ YES ☐ NO PARISH OF RESIDENCE: _____

ARE YOU RETIRED FROM __LASERS__TEACHERS OR __OTHER LA. STATE RETIREMENT SYSTEM? ☐ YES ☐ NO

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ HOME PHONE: _____
Area Code

EMERGENCY CONTACT NAME: _____ CONTACT'S RELATIONSHIP: _____ CONTACT'S PHONE: _____
Area Code

SEX: ☐ MALE ☐ FEMALE MILITARY STATUS: ☐ INACTIVE ☐ ACTIVE ☐ RESERVE ☐ ON CALL
(IF APPLICABLE)

☐ INACTIVE RESERVE

ETHNICITY: (Check One) (For required EEO Reports, however, you are not obligated to provide this information)

☐ NATIVE AMERICAN / ☐ ASIAN/PACIFIC ☐ AFRICAN ☐ CAUCASIAN ☐ HISPANIC
ALASKAN ISLANDER AMERICAN

☐ OTHER: _____

TO BE COMPLETED BY SUPERVISOR

OFFICE: _____ SECTION: _____ PARISH: _____

CLASS TITLE: _____ PREVIOUS INCUMBENT: _____

POSITION CONTROL #: _____ CODING: _____
Cost Center Reporting Category ____% Reporting Category ____%

FUNDING: FULL TIME PART TIME, # HRS PER WEEK _____ SOURCE OF FUNDS

<input type="checkbox"/> 2100 SALARY	<input type="checkbox"/> 2200 WAGES	<input type="checkbox"/> _____ OTHER
<input type="checkbox"/> 2200 WAGES	<input type="checkbox"/> 2210 STUDENT	<input type="checkbox"/> _____ OTHER
STATE FUNDS _____%		FEDERAL _____%
OTHER _____%		

NATURE OF ACTION (CHECK BELOW) EFFECTIVE DATE: _____ ENDING DATE: _____

____ APPOINTMENT: ____ CLASSIFIED: ☐ PROBATIONAL ☐ NON-COMPETITIVE REEMPLOYMENT
☐ PROVISIONAL ☐ RESTRICTED ☐ JOB APPOINTMENT
☐ TRANSFER (CHECK ONE BELOW)
____ LATERAL ____ WITH PROMOTION ____ WITH DEMOTION

____ UNCLASSIFIED: ☐ NEW ☐ TRANSFER IN ☐ REHIRE

____ STATUS CHANGE: ☐ PROMOTION ☐ DEMOTION ☐ REALLOCATION ☐ DETAIL TO SPECIAL DUTY
☐ SALARY ADJUSTMENT ☐ UNCLASSIFIED TO CLASSIFIED ☐ CLASSIFIED TO UNCLASSIFIED
☐ OTHER: _____

FROM: _____ TO: _____

CLASS TITLE: _____

LOCATION: _____

OTHER: _____

____ SEPARATION: ☐ RESIGNATION ☐ TRANSFER ☐ RETIREMENT ☐ DEATH ☐ TERMINATION

APPROVED: SUPERVISOR: _____ APPOINTING AUTHORITY: _____

FOR HUMAN RESOURCE USE ONLY:

SALARY: FROM: _____ TO: _____

PRIOR STATE SERVICE: ☐ YES ☐ NO

REHIRED RETIREE DATE: _____

ANNIVERSARY DATE: _____

ADJUSTED LEAVE DATE: _____

ADJUSTED SERVICE DATE: _____

TRAINING SERIES DATE: _____

CLASS CODE: _____ GS - LEVEL: _____

PAY RULE : _____ ☐ JUSTIFICATION ATTACHED

CIVIL SERVICE HIRING AUTHORITY: _____

BENEFITS ELIGIBILITY: ☐ YES ☐ NO

MEDICARE COVERAGE: ☐ YES ☐ NO

TAX MODEL: _____

ENTERED ISIS: _____
Initials Date