

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: _____

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 ALASKAN ISLANDER AFRICAN AMERICAN CAUCASIAN HISPANIC
 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	<input type="checkbox"/> STATE FUNDS FEDERAL OTHER	<input type="checkbox"/> % % %

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: **CLASS CODE:** _____ **GS - LEVEL:** _____

SALARY: FROM: _____ TO: _____ PAY RULE: _____ JUSTIFICATION ATTACHED

PRIOR STATE SERVICE: YES NO CIVIL SERVICE HIRING AUTHORITY: _____

REHired RETIREE DATE: _____ BENEFITS ELIGIBILITY: YES NO

ANNIVERSARY DATE: _____ MEDICARE COVERAGE: YES NO

ADJUSTED LEAVE DATE: _____ TAX MODEL: _____

ADJUSTED SERVICE DATE: _____

TRAINING SERIES DATE: _____ ENTERED ISIS: _____ Initials _____ Date _____