

PERSONNEL DATA AND/OR CHANGE FORM

DCRT
OMF-301
R-02/04

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 VESTED OR RETIRED FROM LASERS TEACHERS OR OTHER LA. STATE RETIREMENT SYSTEM? YES NO

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

EMERGENCY CONTACT NAME: _____ 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
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"/> 2200 WAGES	<input type="checkbox"/> STATE FUNDS FEDERAL OTHER
	<input type="checkbox"/> OTHER	<input type="checkbox"/> 2210 STUDENT	<input type="checkbox"/> 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 T/S: Y N 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: _____

"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 _____

FOR HUMAN RESOURCES USE ONLY: CLASS CODE: _____ PAY - LEVEL: _____

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

PRIOR STATE SERVICE: YES NO PAY REASON: _____

REHired RETIREE DATE: _____ CIVIL SERVICE HIRING AUTHORITY: _____

ANNIVERSARY DATE: _____ BENEFITS ELIGIBILITY: YES NO

ADJUSTED LEAVE DATE: _____ MEDICARE COVERAGE: YES NO

ADJUSTED SERVICE DATE: _____ MEETS MIN. QUALS: _____
Initial _____ Date _____

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