

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 \_\_\_\_\_ 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 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:

SALARY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PRIOR STATE SERVICE: ☐ YES ☐ NO

REHIRED RETIREE DATE: \_\_\_\_\_

ANNIVERSARY DATE: \_\_\_\_\_

ADJUSTED LEAVE DATE \_\_\_\_\_

ADJUSTED SERVICE DATE: \_\_\_\_\_

TRAINING SERIES DATE: \_\_\_\_\_

CLASS CODE: \_\_\_\_\_ PAY - LEVEL: \_\_\_\_\_

PAY RULE : \_\_\_\_\_ ☐ JUSTIFICATION ATTACHED

PAY REASON \_\_\_\_\_

CIVIL SERVICE HIRING AUTHORITY: \_\_\_\_\_

BENEFITS ELIGIBILITY: ☐ YES ☐ NO

MEDICARE COVERAGE: ☐ YES ☐ NO

MEETS MIN. QUALS \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_

ENTERED ISIS: \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_