

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

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	%
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: %

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 Classified WAE appointments)
<input type="checkbox"/> Classified Temporary (Job Appt., Classified WAE)	

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: _____