

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

PERSONNEL AUTHORIZATION FORM (Form 301)

EMPLOYEE INFORMATION

Name:

Name listed on Social Security Card

Pers #:

Date:

(If known)

POSITION INFORMATION

Office:

Section:

Position #:

Work Parish:

Job Title:

Previous Incumbent:

BUDGET INFORMATION

Coding:

	Cost Center	Reporting Category	%	Reporting Category	%
	Full-time		Part-time		
Salary Object:	<input type="checkbox"/> 2100 Salary	<input type="checkbox"/> 2200 Wages	<u> </u> 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: %

NATURE OF ACTION

Effective Date:

Appointment End Date (if applicable):

<input type="checkbox"/> Appointment Type:	<input type="checkbox"/> Probational	<input type="checkbox"/> Unclassified Regular / Appointee	<input type="checkbox"/> Job Appointment
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Classified WAE Appointment	<input type="checkbox"/> Student Appointment
	<input type="checkbox"/> Transfer (check one):	1. <input type="checkbox"/> Lateral; 2. <input type="checkbox"/> With Promotion; 3. <input type="checkbox"/> With Demotion	
<input type="checkbox"/> Status Change:	<input type="checkbox"/> Promotion	<input type="checkbox"/> Reallocation (check one):	In a CPG? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Detail to Special Duty	<input type="checkbox"/> Demotion (check one):	1. <input type="checkbox"/> Voluntary; 2. <input type="checkbox"/> Disciplinary
	<input type="checkbox"/> Unclassified to Classified	<input type="checkbox"/> Classified to Unclassified	<input type="checkbox"/> Salary Adjustment
	<input type="checkbox"/> Performance Adjustment	<input type="checkbox"/> Other:	
<input type="checkbox"/> Separation:	<input type="checkbox"/> Resignation (voluntary)	<input type="checkbox"/> Transfer to another State agency	<input type="checkbox"/> Retirement
	<input type="checkbox"/> Termination (permanent employee)	<input type="checkbox"/> Termination of Temp Appt (WAE, student)	<input type="checkbox"/> Death
	<input type="checkbox"/> Resign to Avoid Dismissal	<input type="checkbox"/> Separation from Probational Appt	<input type="checkbox"/> Layoff

Current Job Title:

Current Salary:

\$

Bi-Weekly Hourly

New Job Title:

New Salary:

\$

Bi-Weekly Hourly

APPROVED:

Supervisor

Appointing Authority

FOR HUMAN RESOURCES USE ONLY:

"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

Civil Service Hiring Authority:

Rehired Retiree Date:

Pay Rule:

CPG Eligibility Date:

Meets Min Quals:

Entered in LaGov HCM:

Initials

Date

Initials

Date