

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

PERSONNEL AUTHORIZATION FORM (Form 301)

EMPLOYEE INFORMATION

Name: _____ **Pers #:** _____ **Date:** _____
Name listed on Social Security Card (If known)

POSITION INFORMATION

Office: _____ **Section:** _____
Position #: _____ **Work Parish:** _____
Job Title: _____ **Previous Incumbent:** _____

BUDGET INFORMATION

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: %

NATURE OF ACTION

Effective Date: _____ **Appointment End Date (if applicable):** _____

☐ **Appointment Type:**

☐ Probational ☐ Unclassified Regular / Appointee ☐ Job Appointment
☐ Permanent ☐ Classified WAE Appointment ☐ Student Appointment
☐ Transfer (check one): 1. ☐ Lateral; 2. ☐ With Promotion; 3. ☐ With Demotion

☐ **Status Change:**

☐ Promotion ☐ Reallocation (check one): In a CPG? ☐ Yes ☐ No
☐ Detail to Special Duty ☐ Demotion (check one): 1. ☐ Voluntary; 2. ☐ Disciplinary
☐ Unclassified to Classified ☐ Classified to Unclassified ☐ Salary Adjustment
☐ Performance Adjustment ☐ Other:

☐ **Separation:**

☐ Resignation (voluntary) ☐ Transfer to another State agency ☐ Retirement
☐ Termination (permanent employee) ☐ Termination of Temp Appt (WAE, student) ☐ Death
☐ Resign to Avoid Dismissal ☐ Separation from Probational Appt ☐ 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."

Civil Service Hiring Authority: _____

Pay Rule: _____ ☐ Justification attached

Meets Min Quals: _____
Initials Date

Signature Date

Rehired Retiree Date: _____

CPG Eligibility Date: _____

Entered in LaGov HCM: _____
Initials Date