Office of the Lieutenant Governor (OLG)

Department of Culture, Recreation and Tourism (DCRT)

**PERMANENT STATUS CONSIDERATION FORM**

To ensure proper utilization of this time, it is the policy of OLG/DCRT to use no less than a twelve (12) month probationary period, unless approved otherwise by the Appointing Authority. Given this, the below referenced employee is eligible for permanent status consideration:

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Personnel #:** |  |
| **Job Title:** |  |
| **Department/Section:** |  |
| **Appointment Date:** |  |

Upon consideration, the following action is deemed appropriate:

**APPROVE Effective Date:**

(Effective date must be 12-24 months from the appointment date, unless an exception is granted by the Appointing Authority, in which case, it can be no less than 6-months from the appointment date.)

I certify that this employee has met the required standards for receipt of permanent status in accordance with Civil Service Rule 9.2(a).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor’s signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Appointing Authority’s signature Date*

**RECONSIDER To be reconsidered on (Date):**

I recommend this employee’s permanent status be reconsidered on the above referenced date under Civil Service Rule 9.1(a), which allows for a probationary period of up to 24 months. The reasons are as follows:

Employee was reassigned during the probationary period/inadequate evaluation period;

Improvement needed:

Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor’s signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Appointing Authority’s signature Date*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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* | | |
| **Entered in LaGov HCM:** |  |  |  |  | |
|  | *Initials Date* | |  | |  |