Office of the Lieutenant Governor (OLG)

Department of Culture, Recreation and Tourism (DCRT)

**REQUEST TO FILL (RTF) FORM**

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| **POSITION INFORMATION** |
| **Job Title:** |       | **Position #:** |       | **Uncl Sal:** | $       hr. |
| **Office:** |  | **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 | % |
|  | **Full-time** | **Part-time** |
| **Salary Object:** | [ ]  2100 Salary | [ ]  2200 Wages |    hours per week | [ ]  2200 Wages | [ ]  2210 Student |
|  | [ ]  Other:             |  | [ ]  Other:             |
| **Source of Funds:** | State Funds:       % | Federal:       % | Other:       % |

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| **ANNOUNCEMENT TYPE** |
| **Select desired announcement type(s):***(Check one or more, if applicable)* | [ ]  Probational | [ ]  Unclassified Regular |
| [ ]  Promotional – DCRT Employees Only | [ ]  Unclassified Temporary *(Wage, Student)* |
| [ ]  Promotional – All Classified State Employees | [ ]  Do not announce *(Only applicable for unclassified regular; unclassified*  *temporary/wage; or restricted appointments)* |
| [ ]  Classified Temporary *(Job Appt., Restricted Appt.)* |

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| **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 |

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| **APPROVALS** |
|  |  |  |  |  |  |  |
| *Supervisor’s signature* |  | *Date* |  | *Assistant Secretary’s signature* |  | *Date* |
|  |  |  |  |  |  |  |
| *Secretary/Undersecretary’s signature* |  | *Date* |  |  |  |  |

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| **FOR HUMAN RESOURCES USE ONLY:** |
| **Initials:** |  |  | **Log Number:** |  |
| **Date Received:** |  |  | **Exam Plan Number:** |  |
|  |  |  |  |