

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

CONDITIONAL OFFER OF EMPLOYMENT

**Completed Addendum
for Affirmative Action
Data attached:**
→→ (Select one)

This conditional offer of employment is herein extended with provisions as follows:

Applicant Name: _____
Job Title: _____
Position Number: _____
Department/Section: _____
Rate of Pay: \$ _____ ☐ Bi-Weekly ☐ Hourly
Appointment Type: (Select one) _____
Status: (Select one) _____
Proposed Effective Date: _____

The above conditional offer is approved by:

Supervisor's signature

Date

Appointing Authority's signature

Date

For HR Director's Use:

The above salary is in accordance with:

☐ Civil Service Rule _____

☐ PPM # _____

Approved: _____

This conditional offer is subject to the following **SPECIAL CONDITIONS OF EMPLOYMENT:**

1. **Drug Screening:** You must submit to and pass a drug screening as conducted at a State-approved drug testing site (except if transferring from another State agency without a break in service);
2. **Compliance:** Your appointment must comply 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 Civil Service Director.
3. **Documentation:** You must provide the following documentation to the Human Resources Division in accordance with the deadlines indicated below.
 - Social Security Card and Driver's License for purposes of the LaGov HCM payroll system – within 3 days of hire;
 - Original or certified documents for identification and employment eligibility purposes in accordance with the E-Verify system – within 3 days of hire;
 - Official college transcript (if required to qualify for the job) – within 15 days of hire date;
 - Copy of Selective Service registration card (if male ages 18-25) – within 15 days of hire date;
 - Proof of military service (if claiming Veteran status) – within 15 days of hire date.
 - Any license or certification as required by the minimum qualifications for the job (such as attorney, CPA, POST-certification) – within 15 days of hire and annually thereafter.
4. **Agreement:**
 - You agree to receive wage and compensation payments via direct deposit through electronic transfer of funds into a checking or savings account or bank, savings and loan, or credit union which is authorized by the Division of Administration.
 - If you are currently a State employee and are transferring from permanent status to probational status, you must sign an Acknowledgment Statement, which is located at www.crt.la.state.us/HR/Policies.aspx, verifying your acceptance of a probational appointment.
 - If you have resigned or retired from State service and were paid for any annual leave, you may be required to repay all or part of that amount.
 - For non-POST certified Park Rangers only: You must sign an agreement which provides for the repayment of costs of POST certification training if you resign within two (2) years of receiving training.
 - For employees participating in a State retirement system: You must sign a statement (Form SSA-1945) that you are aware of a possible reduction in future Social Security benefits entitlement in accordance with Section 419c of Public Law 108-203, the Social Security Protection Act of 2004.

I understand and accept the conditions of employment stated above. I further understand that failure to comply with any of these conditions may result in the revocation of this offer and/or separation from employment.

Applicant's signature

Date

Witness's signature

Date

ADDENDUM FOR AFFIRMATIVE ACTION DATA

This form is an addendum to the Conditional Offer of Employment and should be completed by the Hiring Supervisor/Director and submitted to the Human Resources Division at the same time as the Conditional Offer of Employment.

Position #: _____ **Job Title:** _____

Exam Plan #: _____ **Section:** _____

1. Please indicate the name and interview dates/times for each applicant that was interviewed for the position:

| Applicant Name | Date | Time |
|----------------|------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. Please list any applicants that scheduled interviews, but cancelled or did not appear for the interview:
3. Please list any applicants that were offered an interview or to whom an offer of employment was made, but the applicant declined:
4. Please indicate the name of the applicant being recommended for appointment to the subject vacancy:

INTERVIEWERS: Please sign below.

Name

Date

Name

Date

Name

Date