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

CONDITIONAL OFFER OF EMPLOYMENT

Completed Addendum for Affirmative Action Data attached:

onditional offer of employment is h	nerein extended with	provisions as follows:	L	→ →	(Select one)
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Proposed Effective Date:	(00.0000)				
nove conditional offer is approved	by:				
seve containental ener le approved	Sy.				cordance with
Supervisor's signature		Date	☐ Civil S	Service Rule #	
Appointing Authority's signature			Approvea:		
Uniform Classification and Pay Plat Documentation: You must provid deadlines indicated below. Social Security Card and I Original or certified docun system – within 3 days of Official college transcript (Copy of Selective Service Proof of military service (if Any license or certificatio	ns, and the policies and e the following docume Driver's License for purp nents for identification a hire; if required to qualify for registration card (if ma claiming Veteran statu n as required by the r	I procedures issued by the entation to the Human Fooses of the LaGov HCM and employment eligibility the job) – within 15 days le ages 18-25) – within 15 s) – within 15 days of hirominimum qualifications for	e Civil Service Direct Resources Division in payroll system – with y purposes in accord of hire date; 5 days of hire date; e date.	or. n accordar hin 3 days lance with	of hire; the E-Verify
Agreement:					
 You agree to receive wag checking or savings according according and an Administration. If you are currently a State an Acknowledgment State of a probational appointment of a probational appointment of a probational appointment. If you have resigned or reall or part of that amount. For non-POST certified Professor POST certification training the properties of a possible reduction. 	e employee and are tracement, which is located ent. tired from State service ark Rangers only: You ng if you resign within the in a State retirement tion in future Social Se	and loan, or credit uni- nsferring from permanen d at www.crt.la.state.us/h e and were paid for any a must sign an agreemen two (2) years of receiving system: You must sign curity benefits entitlemen	t status to probationa IR/Policies.aspx, verannual leave, you mat t which provides for t training.	ted by the I status, your ifying your by be required the repaymers (SA-1945)	Division of our must sign acceptance red to repay tent of costs that you are
	Applicant Name: Job Title: Position Number: Department/Section: Rate of Pay: Appointment Type: Status: Proposed Effective Date: Dove conditional offer is approved Supervisor's signature Appointing Authority's signature Onditional offer is subject to the form of the state age of a probational appointment of the state of a probational appointment of a probational appointment of the state of a probational appointment of the state of a probational appointment of a probational appointmen	Applicant Name: Job Title: Position Number: Department/Section: Rate of Pay: Appointment Type: Status: Over conditional offer is approved by: Supervisor's signature Appointing Authority's signature Onditional offer is subject to the following SPECIAL Conditional offer is subject to the following SPECIAL Conditional offer is subject to the following special of transferring from another State agency without a break in second process of transferring from another State agency without a break in second process of transferring from another State agency without a break in second process of transferring from another State agency without a break in second process of transferring from another State agency without a break in second process of transferring from another State agency without a break in second process of the second process of a probational appointment. 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For employees participating in a State retirement aware of a possible reduction in future Social Second process of a prosticipating in a State retirement aware of a possible reduction in future Social Second process of a prosticipating in a State retirement aware of a possible reduction in future Social Second process of a prosticipating in a State retirement aware of a possible reduction in future Social Second process of a prosticipating in a State retirement aware of a possible reduction in future Social Second process participating in a State reti	Job Title: Position Number: Department/Section: Rate of Pay: Appointment Type: (Select one) Status: (Select one) Proposed Effective Date: Date Appointing Authority's signature Date Drug Screening: You must submit to and pass a drug screening as conducted at a transferring from another State agency without a break in service); Compliance: Your appointment must comply with the requirements of Article X of tuniform Classification and Pay Plans, and the policies and procedures issued by the Documentation: You must provide the following documentation to the Human Edeadlines indicated below. Social Security Card and Driver's License for purposes of the LaGov HCM Original or certified documents for identification and employment eligibility system—within 3 days of hire; Official college transcript (if required to qualify for the job)—within 15 days Copy of Selective Service registration card (if male ages 18-25)—within 1: Proof of military service (if claiming Veteran status)—within 15 days of hire; Any license or certification as required by the minimum qualifications for certification)—within 15 days of hire and annually thereafter. Agreement: You agree to receive wage and compensation payments via direct depose checking or savings account or bank, savings and loan, or credit unity Administration. If you are currently a State employee and are transferring from permanem an Acknowledgment Statement, which is located at www.crt.la.state.ussh of a probational appointment. If you have resigned or retired from State service and were paid for any a all or part of that amount. For non-POST certification training if you resign within two (2) years of receiving For employees participating in a State retirement system: You must sign an agreemen of POST certification training if you resign within two (2) years of receiving For employees participating in a State retirement system: You must sign	Applicant Name: Job Title: Position Number: Department/Section: Rate of Pay: Appointment Type: (Select one) Status: (Select one) Proposed Effective Date: Supervisor's signature Date Date Ponditional offer is approved by: For HR Dire The aboves Date Date Date Date Date Onditional offer is subject to the following SPECIAL CONDITIONS OF EMPLOYMENT: Drug Screening: You must submit to and pass a drug screening as conducted at a State-approved dru transferring from another State agency without a break in service); Compliance: Your appointment must comply with the requirements of Article X of the Constitution, the Culliform Classification and Pay Plans, and the policies and procedures issued by the Civil Service Direct Uniform Classification and Pay Plans, and the policies and procedures issued by the Civil Service Direct Documentation: You must provide the following documentation to the Human Resources Division in deadlines indicated below. Social Security Card and Driver's License for purposes of the LaGov HCM payroll system — with Original or certified documents for identification and employment eligibility purposes in accord system — within 3 days of hire; Official college transcript (if required to qualify for the job) — within 15 days of hire date; Proof of military service (if claiming Veteran status) — 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 a certification) — within 15 days of hire and annually thereafter. Agreement: You agree to receive wage and compensation payments via direct deposit through electronic checking or savings account or bank, savings and loan, or credit union which is authoriz Administration. If you have resigned or retired from State service and were paid for any annual leave, you ma all or part of that amount. For non-POST certified Park Rangers only: You must sign an agreement which provides for of POST certifica	Applicant Name: Job Title: Position Number: Department/Section: Rate of Pay: Appointment Type: Status: Over conditional offer is approved by: Proposed Effective Date: Date Date Proposed Effective Date: Dove conditional offer is approved by: Proposed Effective Date: Date Date Proposed Effective Date: Date Date Date Proposed Effective Date: Dove conditional offer is approved by: Proposed Effective Date: Date Date Date Date Proposed Effective Date: Dove conditional offer is subject to the following SPECIAL CONDITIONS OF EMPLOYMENT: Drug Screening: You must submit to and pass a drug screening as conducted at a State-approved drug testing is transferring from another State agency without a break in service); Compliance: Your appointment must comply with the requirements of Article X of the Constitution, the Civil Service Uniform Classification and Pay Plans, and the policies and procedures issued by the Civil Service Director. 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If you have resigned or retried from State service may serve which a state, you must sign a s

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:				
Please indicate the name and i position:	nterview dates/times for eac	ch applicant th	at was interviewed fo	or the	
Applicant Name		Date	Time		
Please list any applicants that sinterview:	scheduled interviews, but ca	ancelled or did	not appear for the		
3. Please list any applicants that made, but the applicant decline		to whom an o	ffer of employment w	/as	
Please indicate the name of the vacancy:	e applicant being recommer	nded for appoir	ntment to the subject		
INTERVIEWERS: Please sign be	low.				
Name		Date			
Name	-	Date			
Name		Date			