Office of the Lieutenant Governor (OLG)

Department of Culture, Recreation and Tourism (DCRT)

**PERSONNEL AUTHORIZATION FORM (Form 301)**

|  |  |  |  |  |  |
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| **EMPLOYEE INFORMATION** | | | | | |
| **Name:** |  | **Pers #:** |  | **Date:** |  |

Name listed on Social Security Card (If known)

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| **POSITION INFORMATION** | | | |
| **Office:** |  | **Section:** |  |
| **Position #:** |  | **Work Parish:** |  |
| **Job Title:** |  | **Previous Incumbent:** |  |

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| **BUDGET INFORMATION** | | | | | | | | | | | | |
| **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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| **NATURE OF ACTION** |

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| **1. Appointment Type** *(New Hire)***:**  **Effective Date:**  **Appt End Date:**  *(If Non-Permanent Employee)*  Probational Appointment  Permanent Appointment  Unclassified Regular/Appointee  Student Appointment  Transfer In from Another Agency:    Job Appointment(\*)  (\*) *A Non-Perm Statement of Agreement*  *MUST be attached*  Classified WAE Appointment(\*)  (\*) A *Non-Perm Statement of Agreement*  *MUST be attached*  **Job Title:**  **Salary: $** | **2. Status Change** *(Current Employee)***:**  **Effective Date:**  Promotion  Reallocation:  Detail to Special Duty  Demotion:  Unclassified to Classified  Classified to Unclassified  Unclassified Salary Adjustment  Re-Appointment to Classified WAE(\*)  (\*) *A Non-Perm Statement of Agreement*  *MUST be attached*  Other:  Current:  **Job Title:**  **Salary: $**  New:  **Job Title:**  **Salary: $** | **3. Separation** *(Current Employee)***:**  **Effective Date:**  Resignation *(Voluntary)*    Resignation to Avoid Dismissal  *(Only if resignation is submitted after*  *issuance of a Pre-Deprivation Notice)*  Termination *(Permanent Employee)*  Term of Temp Appt *(WAE, student)*  Separation from Probational Appt  Non-Disciplinary Removal  *(Exhaust Sick Leave / Unsched Absences)*  Layoff  Retirement  Death  Transfer to Another State Agency:  (Indicate Name of New Agency)  (Indicate New Job Title) |

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| **APPROVED:** |  |  |  |
|  | *Supervisor* |  | *Appointing Authority* |

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| **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* | | |
| **Civil Service Hiring Authority:** | | | |  |  | | **Rehired Retiree Date:** |  | |
| **Pay Rule:** |  | | | Justification attached |  | | **CPG Eligibility Date:** |  | |
| **Meets Min Quals:** | |  | | |  | | **Entered in LaGov HCM:** |  | |
|  | | | *Initials Date* | | |  | | | *Initials Date* |