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* |