**CIVIL SERVICE RULE 6.5(g)**

**HIRING RATE REQUEST FORM**

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| **Applicant Name:** |  |  | **Date:** |  |

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| **GENERAL INFORMATION** | | | | | |
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| **Office:** |  | | **Section:** |  | |
| **Job Title:** |  | | **Requested Bi-Weekly Salary:** | | $ |
| **Brief Overview of**  **Applicant’s**  **Extraordinary Skills/Credentials:** | |  | | | |

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| **OVERVIEW** | | | | | | | |
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| To be considered “extraordinarily qualified” for purposes of a 6.5(g) hiring rate in accordance with PPM #33, an individual must possess one or more of the following: | | | | | | | |
| A. | **Education**: Degree in excess of that required by the Minimum Qualifications as verified by submission of an official college transcript. If sent electronically, the university must send the e-transcript directly to Jennifer Dyer at [jdyer@crt.la.gov](mailto:jdyer@crt.la.gov) or Rikki Nicole David at [rdavid@crt.la.gov](mailto:rdavid@crt.la.gov).  *For example, applicant has a Master’s degree as verified by the official college transcript when the job to which he/she is being appointed requires a Baccalaureate degree.* | | | | | | |
| B. | **Certification**: Unexpired, job-related certification in excess of that required by the Minimum Qualifications as verified by submission of a copy of the certification.  *For example, applicant is actively certified as a Certified Public Accountant (CPA) as verified by submission of the certification when he/she is being appointed as an Accountant 3, which does not require a CPA as part of the Minimum Qualifications.* | | | | | | |
| C. | **Work Experience**: Experience in excess of that required by the Minimum Qualifications that:   1. Directly relates to the job to which he/she will be employed with OLG/DCRT, and 2. Has been verified (either verbally or in writing) by the previous employer(s).   *For example, applicant has ten (10) years of building maintenance experience, which has been verified to the hiring manager by the previous employer, when the Maintenance Repairer 2 job to which he/she is being appointed requires two (2) years experience.* | | | | | | |
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| 1. **EDUCATION** | | | | | | | |
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| Does this applicant possess a degree **in excess** of that required by the Minimum Qualifications? | | | | | | *(For example, Master’s Degree when job requires Baccalaureate)* | |
|  | No | If no: Proceed to Section B., Certification, below. | | | | | |
|  | Yes | If yes: | 1. Type of Degree: | |  | | |
|  | |  | 1. Verification Status: | |  | | |
| Does this applicant possess a second degree **in excess** of that required by the Minimum Qualifications? | | | | | | | *(For example, Ph.D. when job requires Baccalaureate)* |
|  | No | If no: Proceed to Section B., Certification, below. | | | | | |
|  | Yes | If yes: | 1. Type of Degree: | |  | | |
|  | |  | 1. Verification Status: | |  | | |
| *NOTE: An official transcript (whether electronic or hard copy) for ALL degrees obtained MUST be submitted for verification purposes. Failure to do so shall result in the delay or denial of the 6.5g request.* | | | | | | | |
| 1. **CERTIFICATION** | | | | | | | |
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| Does this applicant possess one (1) or more unexpired, job-related certifications **in excess** of that required by the Minimum Qualifications? | | | | | | | |
|  | No | If no: Proceed to Section C., Work Experience, below. | | | | | |
|  | Yes | If yes: | 1. Name(s) of Certification(s): |  | | | |
|  | |  | 1. Expiration Date(s) of Certification(s): |  | | | |
| *NOTE: Copies of applicable certifications MUST be submitted for verification purposes. Failure to do so shall result in the delay or denial of the 6.5g request.* | | | | | | | |

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| 1. **WORK EXPERIENCE** | | | | | |
| List **verified** work experience that is directly related to the job to which this applicant is being hired. | | | | | |
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| **Job-Related Experience #1:** | 1. Company Name: |  | | |  |
| 2. Job Title Held: |  | | |  |
| 3. Employment Verification: | Written (Attach supporting documentation) | | Verbal (Complete Section 4. below) | |
| 4. If verbally verified, provide contact information: |  |  |  | |
| Name of Company Representative Job Title | | | |
|  |  |  | |
| Phone Number | | Date and Time of Contact | |
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| **Job-Related Experience #2:** | 1. Company Name: |  | | |  |
| 2. Job Title Held: |  | | |  |
| 3. Employment Verification: | Written (Attach supporting documentation) | | Verbal (Complete Section 4. below) | |
| 4. If verbally verified, provide contact information: |  |  |  | |
| Name of Company Representative Job Title | | | |
|  |  |  | |
| Phone Number | | Date and Time of Contact | |
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| **Job-Related Experience #3:** | 1. Company Name: |  | | |  |
| 2. Job Title Held: |  | | |  |
| 3. Employment Verification: | Written (Attach supporting documentation) | | Verbal (Complete Section 4. below) | |
| 4. If verbally verified, provide contact information: |  |  |  | |
| Name of Company Representative Job Title | | | |
|  |  |  | |
| Phone Number | | Date and Time of Contact | |
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| **Job-Related Experience #4:** | 1. Company Name: |  | | |  |
| 2. Job Title Held: |  | | |  |
| 3. Employment Verification: | Written (Attach supporting documentation) | | Verbal (Complete Section 4. below) | |
| 4. If verbally verified, provide contact information: |  |  |  | |
| Name of Company Representative Job Title | | | |
|  |  |  | |
| Phone Number | | Date and Time of Contact | |
| *\* Attach a separate sheet if space is needed for additional job-related experience.*  *NOTE: Failure to provide verification (whether written or verbal) for ALL job-related experience shall result in the delay, reduction of the approved rate, or denial of the 6.5g request.* | | | | | |

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| 1. **OTHER COMPARABLY QUALIFIED STAFF** |
| To your knowledge, are there any **current** staff members in the **same job title** that, **at the time of their hire date** with OLG/DCRT, possessed the same or equivalent qualifications as the applicant for which this 6.5g request has been completed? |

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|  | No | If no: Proceed to Section E., Attachments, below. |
|  | Yes | If yes: Attach a separate memorandum to include:   1. Applicable employee(s); 2. Current job title and salary; 3. Equivalent qualifications possessed by applicable employee(s); 4. Rational business reason for requesting, or not requesting, corresponding pay adjustments for these employees; and 5. If pay adjustments are requested, certification that funds are available for such. |

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| 1. **ATTACHMENTS** | | |
| By checking below, I certify that all required and applicable attachments have been attached hereto, as follows: | | |
|  | **Required:** *(If not attached, request will be returned without action)* | |
|  | Printed LaCareers Application | Conditional Offer of Employment - with supervisor and  Appointing Authority signatures only |
|  | **As Applicable:** *(If applicable attachments are not included, request will be returned without action)* | |
|  | Section A: Hard-copy official college transcript(s) | Section B: Copies of Job-Related Certification(s) |
|  | Section C: Written employment verification(s),  and/or separate sheet with additional experience | Section D: Documentation of Other Comparably  Qualified Staff |

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| 1. **CERTIFICATION / APPROVAL** |
| **Hiring Manager:**  Completion of this form hereby confirms that I have verified the extraordinary qualifications necessary for Civil Service Rule 6.5g consideration. |

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| **Name (Printed):** |  | **Job Title:** |  |
| **Signature:** |  | **Date:** |  |

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| **Appointing Authority:**  I concur with the requested 6.5g hiring rate and request favorable considerable for such from the Human Resources Director in accordance with PPM #33. |

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| **Name (Printed):** |  | **Job Title:** |  |
| **Signature:** |  | **Date:** |  |

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| **FOR HUMAN RESOURCES USE ONLY:** | | | | | | | | | |
| **Minimum Qualifications:** |  |  | | | | | | |  |
| **Verified Credentials above Minimum Qualifications:** |  |  | | | | | | |  |
| **Would requested rate cause pay compression with comparable staff?**  Yes  No | | | | | | | | |  |
| **6.5g Work Tool:** |  |  |  |  | | |  |  |  |
|  |  | Total % into Pay Range Bi-Weekly Minimum Recommended 6.5g Bi-Weekly / HR Initials | | | | | | | |
| **APPROVAL:** |  | **Approved: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bi-weekly** | | |  | **Denied** | | |  |
|  |  |  | | | | |  |  |  |
|  |  | Human Resources Director’s Signature Date | | | | | | | |