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| **TYPE OF REQUEST**  **CLASSIFIED WAE POSITION DESCRIPTION** Form Revision Date: 7/2015  COMPENSATION DIVISION  DEPARTMENT OF STATE CIVIL SERVICE  P.O. BOX 94111 – CAPITOL STATION  BATON ROUGE, LA 70804-9111  [SCSPDS@la.gov](mailto:SCSPDS@la.gov) | | | | | | | | | | | | | | |
| Check appropriate request boxes.  UPDATE  NEW POSITION  MASTER  . | | | | | | | PERSONNEL AREA CODE | | | | | POSITION NUMBER | | |
| CURRENT OFFICIAL JOB TITLE | | | | | | | CURRENT PAY LEVEL | | | | | CURRENT OFFICIAL JOB CODE | | |
| REQUESTED OFFICIAL JOB TITLE | | | | | | | REQUESTED PAY LEVEL | | | | | REQUESTED OFFICIAL JOB CODE | | |
|  | | | | | | | | | | | | | | |
| **INFORMATION REQUIRED FOR NEW POSITION** *FOR LA GOV HCM AGENCIES ONLY* | | | | | | | | | | | | | | |
| **ORGANIZATIONAL UNIT** | | **COST CENTER NUMBER** | | | **WORK PARISH** | | | | | | **PERSONNEL SUBAREA** | | | |
| **EMPLOYEE GROUP (CHOOSE ONE)**  **PT HOURLY  PT SALARY** | | | | | **EMPLOYEE SUBGROUP (CHOOSE ONE)**  **NON-EXEMPT  EXEMPT** | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | |
| AGENCY/DEPARTMENT – OFFICE – DIVISION | | | | | | | | | | | | | | |
| OFFICIAL TITLE OF SUPERVISOR | | | | | | | | DIRECT SUPERVISOR’S POSITION NUMBER | | | | | | |
|  | | | | | | | | | | | | | | |
| **COMPARATIVE POSITIONS** *List positions that have similar or identical duties to this position.* | | | | | | | | | | | | | | |
| INCUMBENT NAME | | | | POSITION NUMBER | | | | | OFFICIAL JOB TITLE/AGENCY | | | | | |
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|  | | | | | | | | | | | | | | |
| **ATTACHMENTS** *Check to indicate attachments.* | | | | | | | | | | | | | | |
| Organizational Chart (required) | | | Duties / Responsibilities **(required)** | | | Comments | | | | | | | MJD Position Numbers | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | | | | | | | | |
| PLEASE PROVIDE JUSTIFICATION ON WHY THIS POSITION IS NEEDED ON A TEMPORARY BASIS. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | | | | | | | | |
| IF BASED ON AN INITIATIVE OF THE APPOINTING AUTHORITY, EXPLAIN THE PROGRAM OR PROJECT BASED ON THIS INITIATIVE AND THE LEVEL AND DURATION OF THIS WORK. | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| AGENCY APPROVAL | | | | | | | | | | | | | | |
| SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | DATE |
| PRINT NAME AND TITLE OF PERSON SIGNING THIS REQUEST | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |  |
| CONTACT INFORMATION (HUMAN RESOURCES CONTACT) | | | | | | | | | | | | | | |
| NAME |  | | | | | | | | | | | | | |
| EMAIL |  | | | | | **PHONE NUMBER** | | | | (###) ###-#### | | | | |

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| **DUTIES AND RESPONSIBILITIES** |
| Provide a brief statement describing the function of work or reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary. PERCENTAGES MUST TOTAL 100% LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE. |