

CLASSIFIED WAE

POSITION DESCRIPTION

Form Revision Date: 3/2025

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| **1 TYPE OF REQUEST**  Check appropriate request boxes. If master job description (MJD), attach master list of positions. |
|  [ ]  UPDATE [ ]  NEW POSITION [ ]  JOB CORRECTION  |  [ ]  MJD       # requested |
| **2 POSITION SPECIFICATIONS** |
| POSITION NUMBER       | MAJOR AGENCY CODE       | PERSONNEL AREA CODE       |
| CURRENT OFFICIAL JOB TITLE       | CURRENT PAY LEVEL      | CURRENT OFFICIAL JOB CODE      |
| REQUESTED OFFICIAL JOB TITLE      | REQUESTED PAY LEVEL      | REQUESTED OFFICIAL JOB CODE      |
| **3 INFORMATION REQUIRED FOR NEW POSITION** For LaGov HCM agencies only. |
| ORGANIZATIONAL UNIT NUMBER      | WORK PARISH      | PERSONNEL SUBAREA      | EMPLOYEE GROUP (CHOOSE ONE)[ ]  FT HOURLY [ ]  FT SALARY [ ]  PT HOURLY  |
| COST CENTER      | GRANT      | FUND      | WBS ELEMENT      | ORDER      |
| **4 GENERAL INFORMATION** |
| EMPLOYEE NAME – LAST, FIRST      | HUMAN RESOURCES CONTACT      |
| AGENCY/DEPARTMENT – OFFICE – DIVISION       | HUMAN RESOURCES TELEPHONE      |
| OFFICIAL TITLE OF DIRECT SUPERVISOR      | SUPERVISOR’S POSITION NUMBER      | HUMAN RESOURCES EMAIL      |
| **5 COMPARATIVE POSITIONS** List positions that have similar or identical duties to this position, if applicable. |
| EMPLOYEE NAME | POSITION NUMBER | OFFICIAL JOB TITLE/AGENCY |
|       |       |       |
|       |       |       |
| **6 ATTACHMENTS** Check to indicate attachments. |
|  [ ] Organizational Chart (required)  |  | **[ ]**  MJD Position Numbers |
| 7 ADDITIONAL INFORMATION Provide justification on why this position is needed on a temporary basis. |
| CHECK THE APPROPRIATE BOX: RULE 23.6(a) [ ]  WORK OVERLOAD [ ]  PENDING FILLING THE POSITION IN A REGULAR MANNER [ ]  EMERGENCY  |
| EXPLANATION OF REQUEST      |
| 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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| 8 AGENCY APPROVAL |
| SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE |
|  | DATE      |
| PRINT NAME AND TITLE OF PERSON SIGNING THIS REQUEST |  |
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| **9 JOB DUTIES AND RESPONSIBILITIES** |
| Provide a brief statement describing the function of work or the 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. |
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