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Instructions for Completing the 6.5(g) Form with DocuSign Access:

1. Download the pdf:

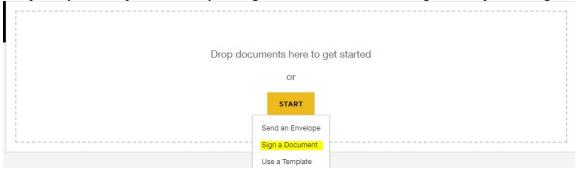
https://ldh.la.gov/assets/docs/hr/Policies/HumanResources/Forms/CSRule6.5gRequestHR20DEC20.pdf

*See pages 2-3 for example on Steps 2-5

- 2. Yellow Complete all of the demographic information highlighted in yellow. Please be sure that all pay amounts (salary, range, midpoint) are entered in biweekly amounts. The biweekly amount can be found on the pay grids here: https://www.civilservice.louisiana.gov/Divisions/Compensation/PaySchedules.aspx
- 3. Pink Determine the geographical parameters within which you will consider the salary and experience of similarly situated employees. If there are employees with the same or substantially similar qualifications/credentials in the SAME job title, you MAY adjust their salary. You are not required to do so. Should you choose to, please list them and their information in this section. Sign and date in the blocks provided.
- 4. Blue This section is for all of the qualification information. Copy and paste the minimum qualifications from the Civil Service job spec, then detail the applicant's experiences and credentials that are above and beyond the minimum required for the position. Next, provide an explanation of how this particular applicant with these particular qualifications will benefit the Department. Any work experience beyond the minimum required must be verified with that employer. In the next block, indicate with whom you spoke and their contact information, then sign and date in the blocks provided.
- 5. Green Here is where the Facility Administrator, Division Director, or their equivalent certifies that all of the information submitted is true and correct and that due diligence to verification was given. Supporting documentation to be submitted with the request includes any of the following that was used to show extraordinary qualifications and/or credentials: transcripts, certificates, licenses, proof of training, proof of membership, etc.
- 6. Log into DocuSign:

https://account.docusign.com/logout#/username

7. Upload your completed form by hitting "start" below and attaching the completed 6.5g PDF.



8. The 6.5(g) form is now ready to be signed via DocuSign before submission to Human Resources.

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Louisiana Department of Health

CS Rule $6.\overline{5}(g)$ Request Form

Please enter requested information in the blanks provided. For those questions that do not apply, please indicate so by entering an $N\!/\!A$. Please leave no blanks empty. Extraordinary qualifications must be verified and requested salary approved.

Office/Facility:				Personnel Area:	Job Vacancy Exam Plan #:			
Applicant's Name:)	Personnel #:				
Requested Effective Date:	Date: Job Title Applying For:			Job Code:	Posi	Position #:		
				Cost Center:				
Biweekly Salary Requested: Pay Schedule Level:			Pay Schedule Range (min-max, biweekly):	Biweekly Midpoint:				
S				S S	<u>\$</u>			
Geographical parameters set: Cost Center:			Work Parish (limited to personnel area):	Other:				
(to identify existing employe affected title with same qualifica								
Employees Whose Salaries May Be Adjusted Within the Above Pa				rameters: None	See Below (add sheet if needed)			
(Copy of current job description	and appl	lication attached.)	1					
Name and Personnel #	Job 1	Title and Position #		lification/Credentials (include verification rmation)	Current Biweekly Salary	Proposed Biweekly Salary		
			IIII	i matton)	\$	\$		
						Difference between current and proposed + \$		
					\$	<u>\$</u>		
						Difference between current and proposed + \$		
INSERT DocuSign Here								
Print name and title of LDH employee that verified experiences								
Minimum Qualifications/Credentials								
Reference CS website at: http://www.dscs.state.la.us/asp/OneStopJobInfo/OSJobInfoView2.aspx								
Extraordinary Qualifications/Credentials (must be job related)								
How would extraordinary qualifications/credentials benefit the Department?								

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Verification of Extraordinary Qualifications/Credentials									
Name, title, address and/phone number of former employer(s) where extra experience was gained:									
		INSERT DocuSign Here							
Print name and title of LDH emp	oyee that verified experience(s)	Signature	Date of contact						
Required Certifications I certify that all of the information on this form and attached documents* are true to the best of my knowledge. I understand that this information may be subject to investigation/further verification and that any misrepresentation or material omission may cause this request to be rejected. I also certify that funds are available to pay this salary.									
Submitted by: (Signature of Division Director/Facility Administrator/or equivalent)	Date:								
HR USE ONLY – Probationary/Job Appointments Only									
Current SER for this Job Title: \$ Not Applicable:									
Qualifications Job Related (SF3 and/or Job Specs):YesNo									
Comments:									
Recommend Approval:	Yes	NoYes, as modified	Misc. Notes:						
	\$	s							
6.5(g) Adjustments Recommended (Permanent or Probationary Employees Only):	Yes, as attached (or modified)								
Reviewed and Processed By:	Date:								
HR Director (or designee):	Date:								
LDH Secretary or Undersecretary/Undersecretary/Deputy Secretary/MVA Director/Asst. Secretary (or designee):									
Approve as recommended by HR									
Approve the following modified biweekly amount:									
Comments:									
Disapprove									
Approval Signature: INSERT	Date								

^{*}Supporting documentation to be submitted with the request includes any of the following that was used to show extraordinary qualifications and/or credentials: transcripts, certificates, licenses, proof of training, proof of membership, etc.