

## Instructions for Completing the 6.5(g) Form:

1. **Yellow** Complete all of the demographic information highlighted in yellow. Please be sure that all pay amounts (salary, range, 3<sup>rd</sup> quartile) are entered in biweekly amounts. The biweekly amount can be found on the pay grids here:  
<http://www.civilservice.la.gov/ClassPay/Pay/paygrid.asp>
2. **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.
3. **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.
4. **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.
5. The 6.5(g) form is now ready for submission to Human Resources.

Louisiana Department of Health  
 CS Rule 6.5(g) Request Form  
 Policy No. 50.2

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.

<b>Office/Facility:</b>		<b>Personnel Area:</b>	<b>Cost Center #:</b>
<b>Applicant's Name:</b>		<b>Personnel #:</b>	
<b>Anticipated Date of Hire:</b>	<b>Position Applying For:</b>	<b>Job Code:</b>	<b>Position #:</b>
<b>Biweekly Salary Requested:</b>	<b>Pay Schedule Level:</b>	<b>BW Pay Schedule Range (min-max):</b>	<b>Biweekly 3<sup>rd</sup> Quartile Level:</b>
\$		\$	\$

<b>Geographical parameters set:</b> (to identify existing employees in affected title with same qualifications)	<b>Cost Center:</b>	<b>Work Parish (limited to personnel area):</b>	<b>Other:</b>

**Employees Whose Salaries May Be Adjusted Within the Above Parameters:**  None  See Below (add sheet if needed)  
 (Copy of current job description and application attached.)

Name and Personnel #	Job Title and Position #	Qualification/Credentials	Current Biweekly Salary	Proposed Biweekly Salary
			\$	\$ Difference between current and proposed + \$
			\$	\$ Difference between current and proposed + \$

<b>Print name and title of LDH employee that verified experiences</b>	<b>Signature</b>
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**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?**

<b>Verification of Extraordinary Qualifications/Credentials</b>
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**Verification of Extraordinary Qualifications/Credentials**

**Name, title, address and/phone number of former employer(s) where extra experience was gained:**

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<b>Print name and title of LDH employee that verified experience(s)</b>	<b>Signature</b>	<b>Date of contact</b>
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**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.

<b>Submitted by:</b> <i>(Signature of Division Director/Facility Administrator/or equivalent)</i>	<b>Date:</b>
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**HR USE ONLY**

Current SER for this Job Title: \$ \_\_\_\_\_ Not Applicable: \_\_\_\_\_

Qualifications Job Related (SF3 and/or Job Specs): \_\_\_ Yes \_\_\_ No      Qualifications Verified with Recruiting: \_\_\_ Yes \_\_\_ No

**Comments:**

<b>Reviewed and processed by:</b>		<b>Date:</b>
<b>Recommend Approval:</b>	___ Yes      ___ No \$ _____      \$ _____	<b>Date:</b>
<b>HR Director (or designee):</b>		<b>Date:</b>

**LDH Secretary or Undersecretary/Undersecretary/Deputy Secretary/MVA Director/Asst Secretary (or designee):**

<input type="checkbox"/>	Approve as recommended by HR
<input type="checkbox"/>	Approve the following modified biweekly amount: \$ _____
<input type="checkbox"/>	Disapprove <b>Comments:</b>
<b>Approval Signature:</b>	_____ <b>Date</b> _____

\*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.