

Louisiana Department of Health
 CS Rule 6.5(g) Request Form

Please enter requested information in the blanks provided. All information on the first page is required, along with certification on page 2. Please leave no blanks empty. Extraordinary qualifications must be verified and requested salary approved.

Office/Facility:		Personnel Area:	Cost Center #:
Applicant's Name:		Personnel #:	
Requested Effective Date:	Job Title Applying For:	Job Code:	Position #:
Biweekly Salary Requested:	Pay Schedule Level:	Pay Schedule Range (min-max, biweekly):	Biweekly Midpoint:
\$		\$	\$

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?

Verification of Extraordinary Qualifications/Credentials

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

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

Employees Who *May* Need To Be Adjusted:

Geographical parameters set: (choose one)	<u>Cost Center:</u>	<u>Work Parish (limited to personnel area):</u>	<u>Other:</u>	
Employees Whose Salaries May Be Adjusted Within the Above Parameters: <i>(Copy of current job description and application attached.)</i>		None <input type="checkbox"/>	See Below (add sheet if needed) <input type="checkbox"/>	
Name and Personnel #	Job Title and Position #	Qualification/Credentials (include verification information)	Current Biweekly Salary	Proposed Biweekly Salary
			\$	\$ Difference between current and proposed + \$
			\$	\$ Difference between current and proposed + \$
Print name and title of LDH employee that verified experiences			Signature	

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: <i>(Signature of Division Director/Facility Administrator/or equivalent)</i>	Date:	
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HR USE ONLY – Probationary/Job Appointments Only

Current SER for this Job Title: \$ _____ Not Applicable: _____				
Qualifications Job Related (SF3 and/or Job Specs): ___Yes ___No		Qualifications Verified (Required): ___Yes ___No		
Comments:				
Recommend Approval:	___Yes	___No	___Yes, as modified	Misc. Notes:
	\$ _____		\$ _____	
6.5(g) Adjustments Recommended (Permanent or Probationary Employees Only):	<input type="checkbox"/> Yes, as requested <input type="checkbox"/> No / N/A <input type="checkbox"/> Yes, as attached	Misc. Notes:		
Reviewed and Processed By:				Date:
HR Director (or designee):				Date:

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

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