

Date _____

**LOUISIANA DEPARTMENT OF HEALTH
REQUEST FOR PERSONNEL ACTION**

Effective Date:		End Date (if applicable):	
Name of Employee:		Personnel Number:	
Office/Facility:		Section/Unit:	
Employee Status:	<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> WAE	Time Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Time Admin Name:		Time Admin Code:	
Work Schedule:			

Action Requested (required documents attached): _____
 Actions continued: _____

Explanation:

Is the position being filled by WAE appt., job appt., or detail to special duty? _____ If yes, attach an HR3, Justification for Temporary Appointment form.

FROM:	PRESENT POSITION	TO:	POSITION TO BE FILLED
_____	CIVIL SERVICE JOB TITLE	_____	
_____	JOB CODE & POSITION #.	_____	
_____	SALARY & PAY LEVEL	_____	
_____	<input type="checkbox"/> Premium Pay \$	_____	
_____	<input type="checkbox"/> On Call Pay \$	_____	
_____	<input type="checkbox"/> Shift Differential	_____	
_____	DEPARTMENT	_____	
_____	OFFICE/FACILITY	_____	
_____	SECTION/UNIT	_____	
_____	PER AREA/COST CENTER #	_____	
_____	WORK PARISH	_____	
_____	REPORTING CATEGORY #	_____	
_____	ISIS ORG UNIT #	_____	

If the position being filled is currently shown as vacant in the unbudgeted portion of your Personnel Status Report, what funded vacancy is being swapped for it?

Position No.	Title	GFS Org #
Remarks:		
References checked:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verified By: _____
PES Rating considered in recommending this action:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verified By: _____
Drug Testing Requirement:	<input type="checkbox"/> Has Been Met <input type="checkbox"/> NOT Required	Verified By: _____

I CERTIFY THAT THIS ACTION COMPLIES WITH CIVIL SERVICE RULES.

Approved by Signature (HR Director or Designee):	Date

I HEREBY AUTHORIZE THIS ACTION.

Appointing Authority Signature:	Date:

I HEREBY AUTHORIZE THIS ACTION.

Budget Staff Signature:	Date: