

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:	Exam Plan #
Cost Center #:			Referral List Exp. Date:
Applicant's Name:		Personnel #:	
Requested Effective Date:	Job Title Applying For:	Job Code:	Position #:
Hourly Salary Requested:	Pay Schedule Level:	Pay Schedule Range (min-max, Hourly):	Hourly 3rd Quartile:
\$		\$	\$

Minimum Qualifications/Credentials

Reference CS website at: <https://apps01.civilservice.louisiana.gov/onestopjobinfo/index.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.

