

**LDH OPTIONAL PAY ADJUSTMENT  
REQUEST FORM**  
Policy No. 53

**EMPLOYEE INFORMATION:** (Please Print)

Office/Facility: \_\_\_\_\_ Pers Area: \_\_\_\_\_ CC#: \_\_\_\_\_  
Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Job Code: \_\_\_\_\_ Position #: \_\_\_\_\_  
Pay Level: \_\_\_\_\_ Current Base Pay: Biweekly \$: \_\_\_\_\_

**REASON FOR CURRENT ADJUSTMENT:**

- To fill a difficult to recruit position. (not to exceed 10% of annual salary)
- To retain an employee deemed essential to the Department. (not to exceed 10% of annual salary)
- To adjust pay differentials between comparable employees. (not to exceed 10% of annual salary)
- To compensate an employee for the assignment of additional duties of equal or higher level of work (not to exceed 5% of annual salary)
  - **Optional Pay Adjustment Questionnaire For Additional Duties must be submitted with this request. See page 2.**
  - **An updated SF-3 must accompany request for compensation for the permanent assignment of additional duties.**
- Temporary assignment: Date assigned: \_\_\_\_\_ End date: \_\_\_\_\_  
(If less than a year)
- Permanent assignment:

**JUSTIFICATION:** (use additional sheets if necessary)

**TYPE AND AMOUNT OF ADJUSTMENT REQUESTED:**

<input type="checkbox"/> Base Pay (permanent duties)	<input type="checkbox"/> Lump Sum (one time payment)	<input type="checkbox"/> Lump Sum Intermittent (temporary duties/biweekly payments)
Percent Requested: _____ %	Amount Requested: \$ _____	Percent Requested: _____ %
(Duration of temporary duties shall be used when determining Amount Requested)		

**OTHER ADJUSTMENTS THIS FISCAL YEAR:** (Use additional sheets if necessary.)

- No other adjustments have been granted this fiscal year by LDH or any other LA State Dept./Agency.
- The following adjustment was granted: \_\_\_\_\_ % of annual salary Adjustment Date: \_\_\_\_\_  
By (Dept./Agency): \_\_\_\_\_

Type  Lump sum  Base pay Reason: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this action complies with Civil Service rules. \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Human Resource Director (or designated HR staff)

I hereby authorize this action and certify that this action complies with Civil Service Rules.

I certify that funding is available to implement this request.

- Approve** the type and amount requested.
- Approve** the following modified optional pay adjustment.  
Base Pay Percent \_\_\_\_\_ % Lump Sum Amount \$ \_\_\_\_\_ Lump Sum Intermittent Percent \_\_\_\_\_ %
- Disapprove**

LDH Secretary or Undersecretary or Deputy Secretary or MVA Director or Asst Secretary (or designee) \_\_\_\_\_ Date \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ Effective Date of SF-3: \_\_\_\_\_ Original to E.A.: \_\_\_\_\_  
 Effective Date of Payment: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date Entered in ISIS: \_\_\_\_\_  
 By: \_\_\_\_\_



## JOB AIDS AND RESOURCES

# Optional Pay Adjustment Questionnaire for Additional Duties

Form Creation Date: 4/2014

Click here for the required Civil Service Questionnaire and attach to the HR22:

<http://www.civilservice.louisiana.gov/files/HRHandbook/JobAid/6-Opt%20Pay%20Addtl%20Duties%20Questionnaire%204-2014.docx>