

**LOUISIANA DEPARTMENT OF HEALTH
Request to Fill a Vacant Position**

Personnel Area #	Cost Center #	Cost Center Title	Domicile	Former Incumbent's Name
Job Code		Civil Service Job Title	Working Job Title (if applicable)	
Number of Vacancies	Position #(See below to list additional numbers)	Working Job Description emailed to LDHWorkingJobDescriptions@la.gov? (if applicable)		Yes <input type="checkbox"/> No <input type="checkbox"/>
				Date/Time Sent / / : □am □pm

If the position being announced is currently vacant and unfunded, what funded vacancy will be swapped for it?

Position #	Title	Personnel Area #	Cost Center #

Experience Preferred *(Please provide a brief explanation)*

Is a license required? **If yes, what type?**

Posting Questions

If this position participates in a Career Progression Group, which levels would you like to be announced? (Please list below)

How Do You Want to fill this Vacancy? (Check all that apply)

<input type="checkbox"/>	<i>Probational</i>	<input type="checkbox"/>	<i>Job Appointment</i>	<input type="checkbox"/>	Unclassified
<input type="checkbox"/>	<i>WAE Appointment</i> <i>(Must not exceed 12 months or 1245 hours)</i>	<i>Post to LA Careers</i>		<input type="checkbox"/>	Yes <input type="checkbox"/> No
<input type="checkbox"/>	<i>Promotional</i> <i>(Mark only one)</i>	<input type="checkbox"/>	<i>Detail</i> <i>(Mark only one)</i>		
<i>Personnel Area</i>		<i>LDH</i>	<i>Statewide</i>	<i>Personnel Area</i>	
				<i>LDH</i>	

*** Please announce for days. (Must be a minimum of five (5) days). ***

Hiring Manager's Name(s)	Phone Number/Email Address
Personnel Liaison's Name	Phone Number/Email Address
Appointing Authority Signature	Date
Budget Staff Signature	Date

If there are multiple position numbers, please provide in space below. SF3 update needed? YES NO