

**LOUISIANA DEPARTMENT OF HEALTH
JUSTIFICATION FOR TEMPORARY APPOINTMENTS**

Office/Facility _____
 Section/Unit (GFS Org) _____
 Name of Employee _____
 Personnel Number _____
 Civil Service Job Title _____
 Job Code & Position No. _____
 Salary & Pay Level _____
 Effective Date _____
 End Date _____

TYPE OF APPOINTMENT: (select one)

- WAE Appointment: (select one)**
 - Substitute for another employee
 - Pending filling position in a regular manner
 - To address an emergency or work overload situation
- Job Appointment: (select one)**
 - Work of a temporary nature
 - Substitute for another employee
- Detail to Special Duty: (select one)**

Detail to Special Duty Prerequisites:

- 1. IS THIS EMPLOYEE A PERMANENT CLASSIFIED EMPLOYEE? YES or NO**
- 2. DOES THE EMPLOYEE MEET THE CIVIL SERVICE MINIMUM QUALIFICATIONS? YES or NO**
- 3. IF APPLICABLE, DOES THE EMPLOYEE MEET THE TESTING REQUIREMENTS? YES or NO**

****If the answer is 'NO' to any question above, prior Civil Service approval is required before this detail can be processed.****

- Regular incumbent is on extended leave
- Regular incumbent is on detail to another position
- Regular incumbent is on leave without pay to accept an unclassified job
- Pending filling position in a regular manner
- To double encumber a position for training prior to retirement of incumbent
- To serve a trial period as described in General Circular No. 001286
- Job title can only be filled by detail
- Other _____

Additional information, if needed.

Completed by: _____

Date: _____