

LOUISIANA DEPARTMENT OF HEALTH PRIOR STATE SERVICE QUESTIONNAIRE INFORMATION

The purpose of this form is to obtain information for determining the specific amount of State service to your credit. This information is needed for several reasons:

- ❖ One example of its use is that the amount of sick and annual leave that you accrue is determined by your length of State service.
- ❖ Another example is that the length of State service is used to determine the order of implementation of layoff and layoff avoidance measures.

In order to determine your length of State service, it will be necessary for you to furnish us with the information requested on the attached form. The following information should be helpful to you when completing this form.

The following examples are considered State service for leave accrual purposes:

1. Serving in any ***classified position***.
2. Serving in any ***unclassified position***. Examples of creditable unclassified service would be:
 - a. Employees of state schools: teachers, substitute teachers, teachers' aides, lunchroom workers and school bus drivers.
 - b. All employees of parish and State school boards.
 - c. State board or Commission members.
 - d. Heads of departments appointed by the Governor.
 - e. Students who were employed in accordance with Civil Service Rules 1.5.1 and 4.1(d)2.

These are the most common examples considered as State service for the purpose of layoff and layoff avoidance measures and are not all inclusive:

1. All time spent on any type of classified appointment prior to January 1, 1983.
2. All time spent on any type of unclassified appointment prior to January 1, 1983. See above examples 2 a-c.
3. Classified State service obtained after 1, 1983, on probational, job and permanent appointments that were not part-time intermittent and on restricted or provisional appointments that were converted to probational or job appointments and were not part-time intermittent.

It is the policy of the Personnel Office to verify and credit to your leave record any prior ***classified*** state service. However, student or other unclassified employment with a public school or state university must be verified by you. It is ***your responsibility*** to provide the Personnel Office with certification from the applicable school or school board of your total time worked before credit can be shown on your record. ***If employment was not full-time, verification must be in number of hours worked.***

When completing the attached questionnaire, list each State Agency, including this one, where you have been employed and length of service with each agency. Start with your most recent employment and work back.

After completing the questionnaire, please sign it.

If you have no prior State service, indicate none on the form and sign it.

**LOUISIANA DEPARTMENT OF HEALTH
PRIOR STATE SERVICE QUESTIONNAIRE**

*HR-6
Rev.06/16*

NAME (PRINT LAST, FIRST, MI.) _____ JOB CLASSIFICATION _____ DIVISION/SECTION _____

MILITARY SERVICE Dates: (if applicable) From _____ To _____

Name of State Agency	Employment Status (Permanent, Job Appt., Restricted Appt., Unclassified, etc.)	Employment Date (mo., day, yr.)		Full Time (at least 40 hrs/wk)	Part Time (# of Hours Worked Per Week)	Leave Without Pay		Counts Toward Service Credit	Counts Toward Leave Credit	Office Use Only Total Service		
		From	To			From	To			Years	Mths	Days
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								<input type="checkbox"/>	<input type="checkbox"/>			
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THE EMPLOYMENT INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Personnel No. _____ Employee Signature _____ Date _____

FOR HUMAN RESOURCES USE ONLY		_____	_____	_____	_____	_____	_____
		ASD	ALSD	VERIFIED BY		DATE	ISIS INPUT DATE