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|  | **Employee Change Form** **for** **Paper Agencies**Form Revision Date: 08/2014 |
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| **Effective Date:**  | **LaGov HCM (ISIS) Personnel Number:**  |
| **Nature of Action:**  | **SCS Rule Number for Action:**  |
| **Agency Name:**  | **Agency Personnel Number:**  |
| **Employee’s Name:** (Last name, First name, MI) | **Permanent Status:** [ ]  Yes [ ]  No [ ]  N/A  |
| **FLSA Status:** [ ] Exempt [ ]  Non-Exempt | **Effective Date of Permanent Status:** |
| **Job Posted by SCS: Yes [ ]  No [ ]**  | **LA Careers Requisition #:** |

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|  | **CURRENT** | **PROPOSED** |
| **JOB TITLE** |       |       |
| **JOB CODE** |       |       |
| **POSITION NUMBER** |       |       |
| **PAY SCHEDULE/GRADE** |       |       |
| **RATE OF PAY** | Hourly: | Bi-Weekly: | Hourly: | Bi-Weekly: |
| **OTHER/SPECIAL PAY** |       |  |
| **WORK HOURS (FT or PT)** |       |       |
| **CONTRACT TYPE** |  |  |
| **APPOINTMENT END DATE** |  |  |
| **COMMENTS/JUSTIFICATION FOR TEMPORARY APPOINTMENT** |
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| ***The next section is to be completed if the employee’s address is changing, ONLY:*** |
| **Employee’s Address:**      | **City:**       | **State:**       | **Zip:**       |
| Check here if this a **new address** [ ]  Check here if you are reporting a **change of address only** on this form [ ]  Check here if you are reporting a **name change only** on this form [ ]  |

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| **Agency Contact Information** |
| **Contact Name:** | **E-mail Address:** | **Phone**:      |
| ***I hereby certify that all information on this document is true and correct to the best of my knowledge.*** |
| **Appointing Authority Signature:**  | **Title:** | **Date:**  |

**Forms may be mailed, faxed, or scanned and emailed to your Consultant: Department of State Civil Service**

 **Employee Relations Division**

 **P.O. Box 94111**

 **Baton Rouge, LA 70804-9111**