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| --- | --- | --- |
|  | **Employee Change Form**  **for** **Paper Agencies**  Form Revision Date: 08/2014 | |
|  | |  |
| **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 #:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**