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|  | **Board and Commission Reporting Form for** **Paper Agencies**Revised: 03/2024 |
|  |  |
| **Board Member Information:** |
| **Effective Date:**  | **End Date:** | **LaGov HCM Personnel Number:**  |
| **Agency Name:**  | **Agency Personnel Area:**  |
| **Board Member’s Name:** (Last name, First name, MI)  | **Social Security Number:** |
| **Per Diem Pay:** | **Birth Date:** |
| **Gender:** [ ]  Male [ ]  Female [ ]  Non-binary | **Parish:** |
| **Address:** | **City, State, and Zip Code:** |
| **Position Number:**  |

**Reason for Action: (Please select one)**

[ ]  Separation

[ ]  Position Change

[ ]  Extension of Appointment

[ ]  Existing Board Member (Not Reported to Civil Service)

[ ]  New Board Member

|  |
| --- |
| **Comments:**  |
|  |
| **Agency Contact Information** |
| **Contact Name/Title:**  | **Email 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:**  |

 **Electronic Submission:**

 **Scan form as PDF & upload via** [**Paper Agency Portal**](https://apps01.civilservice.louisiana.gov/HRPortal/ComplianceAndAudit/PAL/PALHome.aspx) **in the HR Info Portal.**