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|  | **Position Change Form for** **Paper Agencies**Revised: 1/2020 |
|  |  |
| *Use this form to define characteristics or to change the characteristics of an existing position. A copy of the position’s SF-3 must be included for action changes, such as a reallocation. Action changes must have prior approval from the SCS Compensation Division. This form changes the position only; to change this information for the employee, you must also submit an “Employee Change Form” to the SCS Employee Relations Division.* |
| **Position Information** |
| **Agency Name:** | **Agency Personnel Area:** |
| **Position Number:** | **Effective Date of Action:** |
| **Current Employee Name:** | **LaGov HCM Personnel Number:** |
| **Work Parish for Position:** | **Position Status:** [ ]  Filled [ ]  Vacant |
| **Type of Action Requested:**[ ] Reallocation [ ] Up [ ] Down [ ] Lateral[ ] Update[ ] Reallocation in CPG[ ] Pay Grade Change[ ] Job Correction | **Additional Pay Type:**[ ] Special Pay 6.16a[ ] On Call Pay 6.28[ ] Shift Differential 6.28\_\_\_\_\_\_ Amount per hour☐Add SER | **Position Created Under** **Special Authority:**[ ] 4.1d1 - Director Approved[ ] 4.1d2 - Commission Approved[ ] Constitutionally Created[ ] Court Ordered [ ] Student Worker  |

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| --- | --- | --- |
|  | **CURRENT** | **PROPOSED** |
| **JOB TITLE** |       |       |
| **JOB CODE** |       |       |
| **PAY SCHEDULE/GRADE** |       |       |
|  |
| **Required Position Characteristics** |
| **Select One:**[ ] Full-time[ ] Part-time | **Select One:**[ ] Classified[ ] Unclassified | **Select One:**Career Progression Group (CPG):[ ] Yes [ ] No | **Select One:**[ ] Hourly[ ] Salary[ ] Pier Diem | **Select One:**[ ] FLSA Exempt\*[ ] FLSA Non-Exempt\* | **Position is on a Master Job Description (MJD):**[ ] Yes [ ] No |

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| --- |
| **Agency Contact Information** |
| **Contact Name:** | **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.**

*\*Your agency is responsible for determining FLSA status in accordance with Federal law. For assistance, please visit the*

 *website of the US Department of Labor at* [*www.dol.gov*](http://www.dol.gov) *or call (225) 757-7735.*