



Louisiana  
**SCS**  
State Civil Service

## JOB AIDS AND RESOURCES

### Prior State Service Questionnaire (Layoff Template #1)

*Revised 10/17*

*For information on how to calculate service, see HRPortal Sign In > SCS Calculators > Adjusted Service & Leave Date Calculator*

Name: \_\_\_\_\_ Job Classification \_\_\_\_\_ Military Service (if applicable)  
 (Print: LAST, FIRST, MI) DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Division/Section: \_\_\_\_\_

Name of State Agency	Employment Status (Permanent, Job Appt., Restricted, Provisional, Unclassified)	Employment Dates (mo., day, yr.)		Full Time Or Part Time	Total No. of Hours Worked During Appt. if Part Time or WAE	Leave Without Pay (If Applicable)		OFFICE USE ONLY		
		FROM	TO			FROM	TO	Years	Mos.	Days
<b>Total</b>										

**THE EMPLOYMENT INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date