**REQUEST FOR EXEMPTION FROM THE CLASSIFIED SERVICE**Form Revision Date: 07/2016



COMPENSATION DIVISION  
DEPARTMENT OF STATE CIVIL SERVICE  
P.O. BOX 94111 – CAPITOL STATION  
BATON ROUGE, LA 70804-9111

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| **FOR CIVIL SERVICE USE ONLY** | | | | |
| **Signature of State Civil Service Director** | | **Approval Dates** | | |
| ***Byron P. Decoteau, Jr., Director, State Civil Service*** | | **FROM** | | **TO** |
|  | |  |
| **Compensation Division Approval** | **Log Number** | | **Request Number** | |
|  |  | |  | |
| **Comments** | | | **New Position Number(s)** | |
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| **COMPLETE THE FOLLOWING INFORMATION FOR NEW AND EXTENSION REQUESTS  INCOMPLETE FORMS WILL BE RETURNED TO THE AGENCY WITHOUT ACTION** | | | | | | | | | | | | | |
| **AGENCY NAME** | | | | | **PERSONNEL AREA NUMBER** | | | **DATE OF REQUEST** | | | | | |
|  | | | | |  | | |  | | | | | |
| **TYPE OF REQUEST** | | | | | | | | | | | | | |
| **Director Approved [4.1 (d) 1]**  *1245 hour limit in a 12 month period*  New Position Authority  Renewal of Position Authority  Extension of 1245 hour restriction  *(****Commission approval required)*** | | | | **Commission Approved [4.1 (d) 2]**  *All other requests for exemption of positions from the classified  service.*  New Position Authority  Renewal of previously approved position authority | | | | | | | | | |
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| **NEW POSITION INFORMATION** | | | | | | | | | | | | | | |
| **Job Title** | | **Job Code *(if known)*** | | **Working Job Title *(if used)*** | | | | | | **Reports To (*Job Title)*** | | | | |
|  | |  | |  | | | | | | |  | | | |
| **Anticipated Number of Work Hours Per Week** | | **Pay Range** | | | | | **Number of Positions Requested** | | | | | **Length of Time Position(s)**  **Needed** | | |
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| **Proposed Effective Date** *(if not indicated, effective date will be two weeks from the date of approval)* | | | | | | |  | | | | | | | |
| **Organizational Unit Number** | **Cost Center Number/Fund** | | | | | | **Work Parish** | | | | | | **Personnel Subarea** | |
| **Employee Group (Choose One)**  **FT HOURLY  FT SALARY  PT HOURLY** | | | | | | | **Employee Subgroup (Choose One)**  **NON-EXEMPT  EXEMPT** | | | | | | | |
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| **EXTENSION INFORMATION** (*Attach most recent approval.)* | | | | | | | | | | | | | | |
| **Current Position Number(s)** | | **Current Expiration Date** | | | | **Number of Positions Requested** | | | | | | | | |
|  | |  | | | |  | | | | | | | | |
| **Job Title** | | **Job Code *(if known)*** | | | | **Working Job Title *(if used)*** | | | | | | **Reports To (Job Title)** | | |
|  | |  | | | |  | | | | | |  | | |
| **Employee Name(s)** | | | **Employee ID(s)** | | | | | | **Pay Range** | | | | | |
|  | | |  | | | | | |  | | | | | |
| **[4.1 (d) 1]  Extensions of 1245 Hour Restriction** | | | **[4.1 (d) 2]  Position Authority Renewals** | | | | | | | | | | | |
| **Additional Hours Requested** | | | **Length of Time Position(s) Needed** | | | | | | **Number of Hours Worked  *(weekly per FY)*** | | | | | |
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| **ADDITIONAL INFORMATION** | |
| Has the incumbent in the requested position(s) been appointed to a Classified or Unclassified WAE position at your agency, or another state agency, within the last 12 months? | YES  NO |
| Has the SCS Commission previously approved an extension of hours for the incumbent(s) in this position performing the same duties within the last 12 months? | YES  NO |
| Please explain why a classified appointment is not appropriate for this position. **(*What makes these duties distinctively different from similar duties in the classified service).*** | |
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| If based on an initiative of the Agency Head, explain the program or project based on this initiative and the level and duration of this work. | |
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| Does the job require a unique background or qualifications? If so, what are they? | |
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| **AGENCY APPROVAL** | | | |
| **Signature of Appointing Authority or Designee** | | | **Date** |
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| **Print Name and Title of Person Signing this Request** | | |  |
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| **Contact Information *(Human Resources Contact)*** | | | |
| **Name** |  | | |
| **Email** |  | **Phone Number** | **(###) ###-####** |

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| **DUTIES AND RESPONSIBILITIES This duty and responsibility sheet must be included outlining the job duties by percentage (%) of time.** Must include a comprehensive org chart that shows all positions and reporting relationship in the unit where the position is located. | |
| Provide a brief statement describing the function of work or reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary. | |
| PERCENTAGES MUST TOTAL 100% | LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE. |