Print Form

POSITION ACTION FORM

Use this form to define characteristics for a new position 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 new position or reallocation. Action changes must have prior approval from the Civil Service Compensation Division. This form changes the position only.
To change this information for the employee, you must also submit a PERSONNEL ACTION FORM.

AGENCY NAME

NAME OF AGENCY CONTACT PERSON

PHONE: EMAIL:

AGENCY PERSONNEL AREA NUMBER (OBTAIN FROM CS WEBSITE OR EMPLOYEE NOTIFICATION FORM)

Position Number
(none if asking for a new position)

CIVIL SERVICE USE ONLY
New position number Date created

Work Parish Name for Position

Name of Employee currently in Position (Incumbent)

Employee Personnel Number

☐ Position is vacant ☐ Position is new

Effective Date of Action

☐ Check here if effective date is not yet known

Type of ACTION requested

MUST ATTACH COPY OF SF3 WITH SIGNATURES.

☐ New Position
☐ Reallocation ◯ up ◯ down ◯ lateral
☐ Update
☐ Reallocation in Career Progression Group

☐ Add SER (attach CS authorization letter giving rate for this position title)
☐ Add Base Supplement (attach CS authorization letter giving rate for this position title)
☐ Pay grade change (attach CS directive)
☐ Job Correction (attach CS authorization letter)

CURRENT		**NEW / PROPOSED**	
Job Title		Job Title	
Job Code		Job Code	
Pay Grade		Pay Grade	

REQUIRED POSITION CHARACTERISTICS

Select one characteristic from each block

☐ Full-time (33 hours per week or more)
☐ Part-time
☐ Intermittent (WAE)
☐ Seasonal

☐ Exempt (FLSA status)
☐ Non-exempt

YOUR AGENCY IS RESPONSIBLE FOR DETERMINING FLSA STATUS IN ACCORDANCE WITH FEDERAL LAW. FOR ASSISTANCE, PLEASE VISIT THE WEBSITE OF THE US DEPT. OF LABOR AT WWW.DOL.GOV OR CALL 225/757-7735

☐ Hourly
☐ Salaried
☐ Per Diem (Board and Commission members only)

☐ Classified
☐ Unclassified (attach CS letter of authorization)

OPTIONAL POSITION CHARACTERISTCS

Select one characteristic from each block that applies to this position number

Additional Pay Type and Amount
☐ Special Pay 6.16a
☐ On-call Pay 6.28
☐ Shift Differential 6.28

Amount
per hour

Position is on a Master Job Description ☐ yes ☐ no
☐ Total number of positions on Master
☐ Use back of form to list other position numbers on the Master Job Description

Position is in a Career Progression Group ☐ yes ☐ no
☐ (attach copy of SF3 indicating authorization and titles included in Group)

Position Created Under Special Authority
☐ 4.1d1 – Director approved (attach copy of CS authorization letter)
☐ 4.1d2 – Commission approved (attach copy of CS authorization letter)
☐ Constitutionally created
☐ Court Ordered (attach copy of court order)
☐ Unclassified Student Worker

APPOINTING AUTHORITY SIGNATURE DATE SIGNED

FORM MAY BE FAXED TO 225/342-0966 OR MAILED TO PROGRAM SUPPORT UNIT, DEPT OF CIVIL SERVICE, P O BOX 94111, BATON ROUGE LA 70804-9111

revised 06/09