|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATE CIVIL SERVICE  COMPENSATION DIVISION  P.O. BOX 94111 – CAPITOL STATION  BATON ROUGE, LA 70804-9111  REQUEST FOR EXEMPTION FROM THE CLASSIFIED SERVICE  Form Revision Date: 04/2023 | | | | | | | | | | |  | | | | | | |  | | | | | | |
| AGENCY NAME | | | | | | | | | | | MAJOR AGENCY CODE | | | | | | | PERSONNEL AREA CODE | | | | | | |
|  | | | | | | | | | | |  | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF REQUEST | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIRECTOR APPROVED [4.1(d)1]**  *1245 hour limit in a 12 month period* | | | | | | | | | | | | | | **COMMISSION APPROVED [4.1(d)2]** | | | | | | | | | | |
| NEW POSITION AUTHORITY | | | | | | | | | | | | | | NEW POSITION AUTHORITY | | | | | | | | | | |
| PROPOSED EFFECTIVE DATE | | | | | | | | |  | | | | | PROPOSED EFFECTIVE DATE | | | | | | | | | |  |
| RENEWAL OF POSITION AUTHORITY | | | | | | | | | | | | | | RENEWAL OF POSITION AUTHORITY | | | | | | | | | | |
| EXTENSION OF 1245 HOUR RESTRICTION  ***(Commission approval required)*** | | | | | | | | | | | | | |  | | | | | | | | | | |
| ADDITIONAL HOURS REQUESTED | | | | | | | |  | | | | | |  | | | | | | | | | | |
| NEW POSITION AUTHORITY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB TITLE | | | | | JOB CODE (if known) | | | | | | | WORKING JOB TITLE *(if used)* | | | | | | | | | REPORTS TO (JOB TITLE) | | | |
| PAY RANGE (*Hourly*) | | | | | | NUMBER OF POSITIONS REQUESTED | | | | | | | | | | LENGTH OF TIME POSITION(S) NEEDED | | | | | | | | |
| INFORMATION REQUIRED FOR NEW POSITION  *FOR LA GOV HCM AGENCIES ONLY* | | | | | | | | | | | | | | | | | | | | | | | | |
| ORGANIZATIONAL UNIT NUMBER | | | | COST CENTER NUMBER /FUND | | | | | | | | | WORK PARISH | | | | | | | PERSONNEL SUBAREA | | | | |
| EMPLOYEE GROUP (CHOOSE ONE)  FT HOURLY  FT SALARY  PT HOURLY | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| RENEWAL OF POSITION AUTHORITY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT EXPIRATION DATE | | | | | | | | | | CURRENT POSITION NUMBER(S) | | | | | | | | | | NUMBER OF POSITIONS | | | | |
| JOB TITLE | | | JOB CODE (if known) | | | | | | | WORKING JOB TITLE *(if used)* | | | | | | | | | REPORTS TO (JOB TITLE) | | | | | |
| PAY RANGE (*Hourly*) | | | | | | | | | | NUMBER OF HOURS WORKED (in previous appointment period)  ***Applies to Director Approved [4.1(d)1] Positions Only*** | | | | | | | | | | | | | | |
| EMPLOYEE NAME(S) | |  | | | | | | | | | | | | | EMPLOYEE ID(s) | | | |  | | | | | |
| EXTENSION OF 1245 HOUR RESTRICTION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE NAME(S) | |  | | | | | | | | | | | | | EMPLOYEE ID(s) | | | | | | |  | | |
| POSITION NUMBER(S) | | | | | | | JOB TITLE | | | | | | | | | | JOB CODE | | | | | | | |
| EFFECTIVE DATE OF APPOINTMENT | | | | | | | ONE YEAR APPOINTMENT EXPIRATION DATE | | | | | | | | | | NUMBER OF HOURS EMPLOYEE HAS ALREADY WORKED IN THIS POSITION? Hours as of Date | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| Please explain why a classified appointment is not appropriate for this position (i.e. unique background or qualifications) What makes these duties distinctively different from similar duties in the classified service? | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **AGENCY APPROVAL** | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Appointing Authority or Designee | | | | | | | | | | | | | | | | | | | | | | | DATE | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | |
| Print Name and Title of Person Signing this Request | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | |
| **CONTACT INFORMATION (HUMAN RESOURCES)** | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME |  | | | | | | | | | | | Phone Number | | | | | | |  | | | | | |
| EMAIL |  | | | | | | | | | | |  | | | | | | |  | | | | | |

|  |  |
| --- | --- |
| **JOB DUTIES AND RESPONSIBILITIES** | |
| **ORGANIZATIONAL CHART MUST BE ATTACHED** | |
| 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. |