|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.*