



POSITION DESCRIPTION

Form Revision Date: 7/2021

1 TYPE OF REQUEST

Check appropriate request boxes. If master job description, please attach master list of positions.

UPDATE AGENCY APPEAL MASTER ___ # requested

JOB CORRECTION | 5.3 APPEAL CAREER
PROGRESSION GROUP

NEW POSITION

MAJOR AGENCY CODE & PERSONNEL AREA CODE	POSITION NUMBER
CURRENT PAY LEVEL	CURRENT OFFICIAL JOB CODE
REQUESTED PAY LEVEL	REQUESTED OFFICIAL JOB CODE

CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST CAP OF ALLOCATION)

REQUESTED OFFICIAL JOB TITLE

2 INFORMATION REQUIRED FOR NEW POSITION FOR LA GOV HCM AGENCIES ONLY

ORGANIZATIONAL UNIT NUMBER	WORK PARISH	PERSONNEL SUBAREA	EMPLOYEE GROUP (CHOOSE ONE) <input type="checkbox"/> FT HOURLY <input type="checkbox"/> FT SALARY <input type="checkbox"/> PT HOURLY	
COST CENTER	GRANT	FUND	WBS ELEMENT	ORDER

3 GENERAL INFORMATION

EMPLOYEE'S NAME – LAST, FIRST	Employee Qualifies For Job <input type="checkbox"/> Yes <input type="checkbox"/> No	HUMAN RESOURCES CONTACT
AGENCY/DEPARTMENT – OFFICE – DIVISION		HUMAN RESOURCES TELEPHONE ()
OFFICIAL TITLE OF SUPERVISOR	DIRECT SUPERVISOR'S POSITION NUMBER	HUMAN RESOURCES EMAIL

4 COMPARATIVE POSITIONS

List positions that have similar or identical duties to this position.

INCUMBENT NAME	POSITION NUMBER	OFFICIAL JOB TITLE / AGENCY

5 SUPERVISORY ELEMENTS

ORGANIZATIONAL CHART MUST BE ATTACHED

- DETERMINES WORK ASSIGNMENTS RECOMMENDS HIRING/PROMOTIONS TRAINS STAFF
 REVIEWS AND APPROVES WORK PREPARES & SIGNS PES RATING APPROVES LEAVE

NUMBER OF DIRECT SUBORDINATES

6 ATTACHMENTS

Check to indicate attachments.

- Organizational Chart (required) Duties / Responsibilities (required) Comments MJD Position Numbers Contracted Personnel Form

7 SIGNATURES

Sign and print below.

EMPLOYEE	DATE	<input type="checkbox"/> I certify that the information in this document is true and correct to the best of my knowledge. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.
DIRECT SUPERVISOR	DATE	<input type="checkbox"/> I certify that I agree with this document. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.
APPOINTING AUTHORITY (Required)	DATE	<input type="checkbox"/> I certify that I agree with this document. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.
PRINT NAME AND TITLE OF APPOINTING AUTHORITY		

8 JOB DUTIES AND RESPONSIBILITIES

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.
