



Louisiana
SCS
State Civil Service

JOB AIDS AND RESOURCES

Prior State Service Questionnaire (Layoff Template #1)

Revised 10/17

For information on how to calculate service, see HRPortal Sign In > SCS Calculators > Adjusted Service & Leave Date Calculator

Name: _____ Job Classification _____ Military Service (if applicable)
 (Print: LAST, FIRST, MI) DATES FROM: _____ TO: _____

Division/Section: _____

Name of State Agency	Employment Status (Permanent, Job Appt., Restricted, Provisional, Unclassified)	Employment Dates (mo., day, yr.)		Full Time Or Part Time	Total No. of Hours Worked During Appt. if Part Time or WAE	Leave Without Pay (If Applicable)		OFFICE USE ONLY		
		FROM	TO			FROM	TO	Years	Mos.	Days
Total										

THE EMPLOYMENT INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Employee Signature

Date