

**DPRL Contact Form**

Template #15

*Revised: 2/2025*

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| **DPRL Information** | |
| **Department/Agency Name:** | **Personnel Area:** |
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| --- | --- |
| **Vacancy Job Title:** | **Date DPRL Checked:** |
|  |  |
| **Vacancy Location (Parish):** | **Effective Date of Appointment:** |
|  |  |
| **Name of Individual Contacted:** | **Date Individual Contacted:** |
|  |  |
| **Results of Contact** | |
| **Vacancy Offered:  Accepted Appointment Type:  Permanent Appointment Status:  Full-time**  **Declined  Job Appointment  Part-time**  **Failed to Respond  Classified WAE**  **Detail to Special Duty** | |
| **Unable to Report to Work Within at Least 14 Days:  Yes  No** | |

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| --- | --- | --- |
| **Agency Contact Information** | | |
| **Name of Agency Contact:** | | |
|  | | |
| **Job Title:** | **Email:** | **Phone:** |
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**\*Note: In accordance with SCS Rule 17.25, a person accepting or declining an offer to a temporary appointment from a DPRL shall remain on the list for permanent appointments. It is strongly advised that prior to offering an individual appointment via detail to special duty, agencies consult with their HR Program Support Consultant, as appointment via detail to special duty could potentially require SCS Commission approval (see “Using the Department Preferred Reemployment List” procedure in the HR Handbook for more information).**

**Form may be mailed, faxed, or scanned and emailed to your HR Program Support Consultant; contact information is as follows:**

**Louisiana State Civil Service**

**P.O. Box 94111, Capitol Station**

**Baton Rouge, LA 70804-9111**

**Fax: 225.219.0151**