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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 TYPE OF REQUEST Check appropriate request boxes. If master job description (MJD), please attach master list of positions. | | | | | | | | | | | | | | | | | | | |
| UPDATE  NEW POSITION  JOB CORRECTION  AGENCY APPEAL  5.3 APPEAL | | | | | | | | | | | CAREER PROGRESSION GROUP  MJD      # requested | | | | | | | | |
| 2 POSITION SPECIFICATIONS | | | | | | | | | | | | | | | | | | | |
| POSITION NUMBER | | | | MAJOR AGENCY CODE | | | | | | | | | PERSONNEL AREA CODE | | | | | | |
| CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST CAP OF ALLOCATION) | | | | | | | | | | | | | CURRENT PAY LEVEL | | | CURRENT OFFICIAL JOB CODE | | | |
| REQUESTED OFFICIAL JOB TITLE | | | | | | | | | | | | | REQUESTED PAY LEVEL | | | REQUESTED OFFICIAL JOB CODE | | | |
| 3 INFORMATION REQUIRED FOR NEW POSITION For LaGov HCM agencies only. | | | | | | | | | | | | | | | | | | | |
| ORGANIZATIONAL UNIT NUMBER | | WORK PARISH | | | | PERSONNEL SUBAREA | | | | | | EMPLOYEE GROUP (Choose One)  FT HOURLY  FT SALARY  PT HOURLY | | | | | | | |
| COST CENTER | | GRANT | | | | FUND | | | | | | WBS ELEMENT | | | | | ORDER | | |
| 4 GENERAL INFORMATION | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE NAME – LAST, FIRST | | | | | | | | | EMPLOYEE QUALIFIES  YES  NO | | | | | | HUMAN RESOURCES CONTACT | | | |
| AGENCY/DEPARTMENT – OFFICE – DIVISION | | | | | | | | | | | | | | | HUMAN RESOURCES TELEPHONE  (     ) | | | | |
| OFFICIAL TITLE OF DIRECT SUPERVISOR | | | | | | | SUPERVISOR’S POSITION NUMBER | | | | | | | | HUMAN RESOURCES EMAIL | | | | |
| **5 COMPARATIVE POSITIONS** List positions that have similar or identical duties to this position, if applicable. | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE NAME | | | | | POSITION NUMBER | | | | | OFFICIAL JOB TITLE /AGENCY | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | |
| 6 SUPERVISORY ELEMENTS | | | Check appropriate request boxes, if applicable. | | | | | | | | | | | | | | | | |
| DETERMINES WORK ASSIGNMENTS  RECOMMENDS HIRING/PROMOTIONS  TRAINS STAFF  REVIEWS AND APPROVES WORK PREPARES & SIGNS CPM RATINGAPPROVES LEAVE | | | | | | | | | | | | | | | |  | | | |
|  | | Number of Direct Subordinates | |
|  | | | |
| **7 ATTACHMENTS** | Check to indicate attachments. | | | | | | | | | | | | | | | | | | |
| Organizational Chart (Required)  MJD Position Numbers  Contracted Personnel Form  Comments | | | | | | | | | | | | | | | | | | | |
| 8 SIGNATURES Sign and check appropriate request boxes. | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE | | | | | | | DATE | I certify that I have reviewed the position description. | | | | | | I agree with the contents. | | I disagree with a portion of the contents and have attached comments. | | | |
| DIRECT SUPERVISOR | | | | | | | DATE | I certify that I have reviewed the position description | | | | | | I agree with the contents. | | I disagree with a portion of the contents and have attached comments. | | | |
| APPOINTING AUTHORITY (Required) | | | | | | | DATE | I certify that I have reviewed the position description | | | | | | I agree with the contents. | | I disagree with a portion of the contents and have attached comments. | | | |
| PRINT NAME AND TITLE OF APPOINTING AUTHORITY | | | | | | |
|  | | | | | | |  |  | | | | | |  | |  | | | |

POSITION DESCRIPTION

Form Revision Date: 3/2025

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| 9 NATURE OF REQUEST Check the appropriate new position reason and provide a detailed explanation. | |
| **NEW POSITION** | |
| **Work Overload**  *Select when an additional position is required to manage the existing workload effectively.* | **EXPLANATION OF REQUEST:**  Provide a detailed statement describing the need for the new position. If the duties came from another position, please include the position number of the other position(s). Attach additional pages if necessary. |
| **PROGRAM EXPANSION**  *Select when an additional position is required due to the introduction of new tasks, responsibilities, or services within an existing program.* |
| **NEW INITIATIVE**  *Select when an additional position is required to support the implementation of new projects, strategies, or services that are outside the scope of current operations.* |
| **OTHER**  *Please provide an explanation for other types of new position requests.* |
| **UPDATE** Check the appropriate update reason and provide additional information where necessary. | |
| **CYCLICAL***Select when there is no change.* | |
| **CHANGE IN DUTIES** | Please explain why the duties were changed. If duties were transferred to or from another position, please include the position number(s). |
| **REALLOCATION**  *Select when the request is to change the job title.* | What has changed to warrant the reallocation of this position? |
| **BUSINESS RESTRUCTURE**  *Select when positions are changing reporting relationships to improve efficiency and effectiveness within the agency.* | Describe the scope of the restructure and how many positions are impacted. |
| **APPEAL** | Please describe why an Agency Appeal or 5.3 Appeal is being made. |

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| **10 JOB DUTIES AND RESPONSIBILITIES** | | |
| Provide a brief statement describing the function of work or the 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. |