

CHIEF OF COMPENSATION  
DEPARTMENT OF CIVIL SERVICE  
P.O. BOX 94111 – CAPITOL STATION  
BATON ROUGE, LA 70804-9111

# POSITION DESCRIPTION

ASSIGNED CONSULTANT /  
AGENCY

<b>HUMAN RESOURCES USE ONLY</b>		<input type="checkbox"/> AFFIRMED	<input type="checkbox"/> REALLOCATED	MAJOR AGENCY CODE	LOG NUMBER – DSCS
		<input type="checkbox"/> JOB CORRECTION	Up Down Lateral		
		<input type="checkbox"/> NEW POSITION	<input type="checkbox"/> RETURNED W/O ACTION		
OFFICIAL ALLOCATION			OFFICIAL JOB CODE	EFFECTIVE DATE	
CONSULTANT	SUPERVISOR	CAREER PROGRESSION GROUP		MASTER JOB DESCRIPTION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS			<input type="checkbox"/> INCUMBENCY ALLOCATION <input type="checkbox"/> FROZEN REVIEW DATE: _____		

## 1 TYPE OF REQUEST

Check appropriate request boxes. If master job description, see instruction sheet.

- NEW POSITION ESTABLISHED     UPDATE     MASTER  
 AGENCY APPEAL    |     JOB CORRECTION     5.3 APPEAL  
 EMPLOYEE APPEAL    |     CAREER PROGRESSION GROUP

PERSONNEL AREA CODE	POSITION NUMBER
CURRENT OFFICIAL JOB TITLE	CURRENT PAY LEVEL
	CURRENT OFFICIAL JOB CODE
REQUESTED OFFICIAL JOB TITLE	REQUESTED PAY LEVEL
	REQUESTED OFFICIAL JOB CODE

## 2 GENERAL INFORMATION

EMPLOYEE'S NAME – LAST, FIRST, MIDDLE	Employee Qualifies For Job <input type="checkbox"/> Yes <input type="checkbox"/> No	AREA CODE – OFFICE TELEPHONE (    )
DEPARTMENT – OFFICE – DIVISION / BUILDING – CITY – PARISH		HUMAN RESOURCES CONTACT
DIRECT SUPERVISOR'S NAME	OFFICIAL TITLE OF SUPERVISOR	HUMAN RESOURCES TELEPHONE (    )

## 3 COMPARATIVE POSITIONS

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

INCUMBENT NAME	POSITION NUMBER	OFFICIAL JOB TITLE / AGENCY

## 4 SUPERVISORY ELEMENTS

**ORGANIZATIONAL CHART MUST BE ATTACHED.**

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

NUMBER OF DIRECT SUBORDINATES
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## 5 ATTACHMENTS

Check to indicate attachments. Please review SF-3 instruction sheet for required attachments.

- Organizational Chart (**required**)     Duties / Responsibilities (**required**)     Comments     MJD Position Numbers

## 6 SIGNATURES

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 SF-3. 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 SF-3. I disagree with a portion of the contents and have attached comments.
APPOINTING AUTHORITY (Indicate Title)	DATE	<input type="checkbox"/> I certify that I agree with this document. <input type="checkbox"/> I certify that I have reviewed the SF-3. I disagree with a portion of the contents and have attached comments.

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**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.

If duty(s) are short-term / temporary and nonrecurring, note beginning and ending dates and percent of time required to perform the duty(s). Begin the writing of your short-term duty statement(s) as follows: (SHORT-TERM – beginning and ending dates) – Example: (SHORT-TERM – 1/1/99 thru 1/31/99) I count.....

**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.**

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