

Nomination Petition Form For Election to the State Civil Service Commission 2023

Form Revised 9/2022

PLEASE PRINT ALL INFORMATION CLEARLY

Name of Candida	Name of Candidate (as it is to appear on ballot):									
Job Title:										
House Adduses	Street Add	ress or Post Offic	се Вох							
Home Address:	City, State	and Zip Code								
Telephone Numb	er with Are	a Code:								
Department/Age	ncy/Board/	Commission:								
Office/Organizati	ional Unit:									
Street Address or Office Box	Post									
City, State and Zi	p Code									
Office Telephone	Number wi	th Area Code:			Fax Number with Area Code:					
Email Address:										

<u>Dates to Submit Petitions for Candidacy</u> - The Nomination Petition form must be *physically received* at State Civil Service no later than 4:30 p.m. Wednesday, January 11, 2023 and must be original documents bearing original signatures. Postmarks are not acceptable for receipt date verification. No forms will be accepted prior to January 3, 2023. **Faxed or emailed petitions will not be accepted.**

<u>Position Statements and Biographical Information</u> - Applicants who qualify as a candidate may also submit personal position statements which may include biographical information for the election brochure that accompanies the ballots. Applicants may submit position statement/biographical information with the Nomination Petition form or under separate cover. Position statement/biographical information may be submitted via email. **Faxed position statement/biographical information will not be accepted.** The deadline for position statement/biographical information is also 4:30 p.m. January 11, 2023. Complete instructions for submitting position statement/biographical information can be found on our website at civilservice.louisiana.gov.

<u>Addresses for Submission</u> - All correspondence concerning the election of the employee member of the State Civil Service Commission should be addressed to Commission Election Coordinator, State Civil Service, Post Office Box 94111, Baton Rouge LA 70804-9111, telephone 225-342-8297. The physical address is **1201 North Third St.**, **Baton Rouge**, **LA in the Claiborne Bldg**, **3rd floor**, **Room 3-270**. Regular business hours are 8:00 a.m. to 4:30 p.m. Monday through Friday. For email submissions of position statement/biographical information or questions about these forms, email Election.Coordinator@la.gov.

NOMINATION PETITION

Qualifications; term of office (R.S. 42:1351)

The classified employee member of the State Civil Service Commission provided for in Article X, Section 3(c) of the Constitution of 1974 shall be a full time, permanent employee in the classified state service for a period of one year prior to the date on which he qualifies as a candidate. He shall serve a term of six years, which shall commence on May 1 of the year in which he is elected.

Nominations by petition . . . (R.S. 42:1353)

Nomination as a candidate for the office of employee member of the commission shall be by petition of at least one hundred permanent employees in the state classified service. Such petition shall be filed with the director of the department of state civil service not later than seven working days after the call for the election . . .

Nominations (Title 40 Part XXVII Chapter 1 §101 C.2)

The nominating petition shall include the **signature**, **printed name**, **last 4 digits of Social Security Number** or **any other personal identification number** designated by the director of Civil Service, and the **department**, **agency**, **board or commission** of each employee signing the petition.

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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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	SIGNATURE	PRINTED NAME First Name, Last Name	DATE OF SIGNATURE	SOCIAL SECURITY NUMBER (last 4 digits only)	DATE OF BIRTH mm/dd/yyyy	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
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