

POSITION DESCRIPTION

Form Revision Date: 3/2025

1 TYPE OF REQUEST	Check appropr	iate reques	st box	es. If maste	r job	descripti	on (MJD), please atta	ach master l	list of positions.
□ UPDATE □ NEW POSITION □ JOB CORRECTION □ AGENCY APPEAL □ 5.3 APPEAL □ CAREER PROGRESSION GROUP □ MJD # requested									# requested	
2 POSITION SPECIFICATION	ONS									
POSITION NUMBER MAJOR AGENCY CO				DDE			PERSONNEL AREA CODE			
CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST CAP OF ALLOCATION)				ON)			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 or										Magencies only.
· · · · · · · · · · · · · · · · · · ·			ONNEL SUBAREA EMPLOYEE GROUP							
				☐ FT HOURLY				☐ FT SALARY ☐ PT HOURLY		
4 GENERAL INFORMATION										
EMPLOYEE NAME – LAST, FIRST					EMPLOYEE QUALIFI			HUMAN RESOURCES CONTACT		
AGENCY/DEPARTMENT – OFFICE – DIVISION								HUMAN RESOURCES TELEPHONE		
OFFICIAL TITLE OF DIRECT SUPERVISOR				SUPERVISOR'S POSITION N			NUMBER HUMAN RES		OURCES 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										
FOSTION NOWE				JLIN	OTTERALISE THE PAGENCE					
6 SUPERVISORY ELEMENTS Check appropriate request boxes, if applicable.									es, if applicable.	
□ DETERMINES WORK ASSIGNMENTS □ RECOMMENDS HIRING/PROMOTIONS □ TRAINS STAFF									lumber of Direct	
☐ REVIEWS AND APPROVES WORK ☐ PREPARES & SIGNS CPM RATING					☐ APPROVES LEAVE				Subordinates	
7 ATTACHMENTS Check to indicate attachments.										
☐ Organizational Chart (Required) ☐ MJD Position Numbers ☐ Contracted Personnel Form ☐ Comments									nments	
8 SIGNATURES Sign and check appropriate request boxes.										
EMPLOYEE				DATE	have	certify that reviewed tion descrip	the v	I <u>agree</u> with the contents.	the co	e with a portion of ntents and have ed comments.
				DATE	I certify that I have reviewed the position description		the v	I <u>agree</u> with the contents.	I disagree with a portion of the contents and have attached comments.	
DIRECT SUPERVISOR										
APPOINTING AUTHORITY (Required)			DATE	☐ I certify thave reviewed position described		the v	lagree with the contents.	the co	e with a portion of ntents and have led comments.	
PRINT NAME AND TITLE OF APPOINTING AUTHORITY										

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 chang	e.							
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	What has changed to warrant the reallocation of this position?							
Select when the request is to change the job title.								
BUSINESS RESTRUCTURE	Describe the scope of the restructure and how many positions are impacted.							
Select when positions are changing reporting relationships to improve efficiency and effectiveness within the agency.								
APPEAL	Please describe why an Agency Appeal or 5.3 Appeal is being made.							

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.