

POSITION DESCRIPTION

Form Revision Date: 7/2021

STATE CIVIL SERVICE P.O. BOX 94111 – CAPITOL STATION BATON ROUGE, LA 70804-9111 SCSPDS@la.gov

1 TYPE OF REQUEST									
Check appropriate request boxes. If master job description, please attached master list of positions.									
UPDATE AGENCY APPEAL # requested									
JOB CORRECTION 5.3 APPEAL CAREER PROGRESSI					MAJOR AGENCY CODE & PERSONNEL AREA CODE		POSITION NUMBER		
NEW POSITION	OUNLSSIC	JN GROOF							
CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST CAP OF ALLOCATION)						CURRENT PAY LEVEL CURRENT OFFICIAL JOB CODE			
COMMENT OF THE WILLIAM TO SHOW IS IN THE CAME OF THE COMMENT									
REQUESTED OFFICIAL JOB TITLE						REQUESTED PAY LEVEL	REQUESTED OFFICIAL JOB CODE		
2 INFORMATION REQUIRED FOR NEW POSITION FOR LA GOV HCM AGENCIES ONLY									
ORGANIZATIONAL UNIT NUMBER WORK PARISH				PERSONNEL SUBAREA EMPLOYEE GROUP (CHOOSE ONE)					
								FT HOURLY	
							ᅵ	FT SALARY	
COST CENTER	GRANT		FUND			WBS ELEMENT		PT HOURLY DRDER	
	011		_				_		
3 GENERAL INFORMATION									
EMPLOYEE'S NAME – LAST, FIRST					Employee Qualifies For Job HU			HUMAN RESOURCES CONTACT	
						Yes No			
AGENCY/DEPARTMENT – OFFICE – DIVISION						HUMAN RESOURCES TELEPHONE			
OFFICIAL TITLE OF SURFRAISOR					/IS∩P'S	() DR'S POSITION NUMBER HUMAN RESOURCES EMAIL			
OFFICIAL TITLE OF SUPERVISOR DIRECT SUPERVISOR'S POSITION NUMBER HUMAN RESOURCES EMAIL									
4 COMPARATIVE POSITIONS List positions that have similar or identical duties to this position.									
INCUMBENT NAME			POSITION NUMBER			OFFICIAL JOB TITLE / AGENCY			
5 SUPERVISORY ELEMENTS ORGANIZATIONAL CHART MUST BE ATTACHED									
☐ DETERMINES WORK ASSIGNMENTS ☐ RECOMMENDS HIRING/PROMOTIONS ☐ TRAINS STAFF									
					_			NUMBER OF DIRECT SUBORDINATES	
☐ REVIEWS AND APPROVES WORK ☐ PREPARES & SIGNS PES RATING ☐					APPROVES LEAVE			SOBORDINATES	
6 ATTACHMENTS Check to indicate attachments.									
Organizational Chart (require	ed) 🗌 Dutie	s / Responsibilities (I	required)	Comme	ents	MJD Position Number	rs 🗌 Contra	acted Personnel Form	
7 SIGNATURES Sign and print below.									
				DATE	I certify that the information in this document is true and correct to the best of				
						my knowledge. I certify that I have reviewed the position description. I disagree with a portion of			
EMPLOYEE						the contents and have attached comments.			
				DATE		I certify that I have reviewed the position description. I disagree with a portion			
DIRECT SUPERVISOR						of the contents and have attache	ea comments.		
				DATE		I certify that I agree with this do	cument.		
APPOINTING AUTHORITY (Required)			-		I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached				
						comments.	incints and have at	Lacricu	
PRINT NAME AND TITLE OF APPOINTING AUTHORITY									

8 JOB 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.

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.