

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
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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	Number of Direct Subordinates
REVIEWS AND APPROVES WORK	PREPARES & SIGNS CPM RATING	APPROVES LEAVE	

7 ATTACHMENTS

Check to indicate attachments.

Organizational Chart (Required)	MJD Position Numbers	Contracted Personnel Form	Comments
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8 SIGNATURES

Sign and check appropriate request boxes.

EMPLOYEE	DATE	I certify that I have reviewed the position description.	I <u>agree</u> with the contents.	I <u>disagree</u> with a portion of the contents and have attached comments.
DIRECT SUPERVISOR	DATE	I certify that I have reviewed the position description	I <u>agree</u> with the contents.	I <u>disagree</u> with a portion of the contents and have attached comments.

APPOINTING AUTHORITY (Required)	DATE	I certify that I have reviewed the position description	I <u>agree</u> with the contents.	I <u>disagree</u> with a portion of the contents and have attached comments.
PRINT NAME AND TITLE OF APPOINTING AUTHORITY				

POSITION DESCRIPTION

Form Revision Date: 3/2025

9 NATURE OF REQUEST

Check the appropriate new position reason and provide a detailed

NEW POSITION**Work Overload**

Select when an additional position is required to manage the existing workload effectively.

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

OTHER

Please provide an explanation for other types of new position requests.

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.

UPDATE

necessary.

Check the appropriate update reason and provide additional information where

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.

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.
