

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
CHANGE OF LA GOV HCM ORG UNIT AND/OR REPORTING RELATIONSHIP REQUEST**

Position 1 (complete the following)

Section Name:	Effective Date:	
Position #		
Position Title		
Employee Name		
Employee Personnel #		
CHANGE	FROM (current)	TO (future)
Org Unit #		
Org Unit Name		
Supervisor Position #		
Supervisor Position Title		
Supervisor Name		
Supervisor Personnel #		
Cost Center		
Reporting Category		
Object Code		
Comments (Optional)		

Position 2 (complete the following for additional position changes)

Section Name:	Effective Date:	
Position #		
Position Title		
Employee Name		
Employee Personnel #		
CHANGE	FROM (current)	TO (future)
Org Unit #		
Org Unit Name		
Supervisor Position #		
Supervisor Position Title		
Supervisor Name		
Supervisor Personnel #		
Cost Center		
Reporting Category		
Object Code		
Comments (Optional)		

Section Head Signature

Office of Human Resources Signature