

**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 #	
Time Administrator #	
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 #	
Time Administrator #	
Cost Center	
Reporting Category	
Object Code	
Comments (Optional)	

Section Head Signature

Office of Human Resources Signature