

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION**

PERSONNEL ACTION REQUEST

Date Prepared:

I.	Section:	Time Admin. No.	Soc. Sec. No.	Personnel No.
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Name:	Leave Earning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Race:	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified	<input type="checkbox"/> Student <input type="checkbox"/> Board/Commission Member	<input type="checkbox"/> WAE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	# of Hrs./Wk.	FLSA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	

II.	Nature of Action:	<input type="checkbox"/> New Hire <input type="checkbox"/> Pay Adjustment <input type="checkbox"/> Other	Type:	<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Detail	Proposed Effective Date	Ending Date
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III.	FROM	TO
Section:		Section:
Job Title/Job No.		Job Title/Job No.
BiWkly Pay:	Hrly Pay:	Pay Level:
Position No.:	Special Pay <input type="checkbox"/>	Type:
<input type="checkbox"/> SER	<input type="checkbox"/> On Call	<input type="checkbox"/> Shift Diff.
Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the position to be used is not in your T.O., which position do you want to swap out of your T.O.? Position No./Title:		

IV.	Remarks/Work Schedule/Justification:	Work Parish:

V.	A. Org. Unit No.	B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category	F. Percent

B. Cost Center (AFS Org.) C. Object D. Sub-Object E. Rept. Category F. Percent						

OFFICIAL USE:		
Qualified:	Barred:	Announcement #:
Training Series:	Date:	End Date:
Transcript <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Date/Initial:	
Comments:		
PPR:	Perm:	Action Reason:
Pay Authority:	Pay Reason:	Certified Date/Initial:
Position Allocation:	ISIS/HR:	
ISIS/HR Processing:	C.O.C.#	Certified Date/Initial/Per. No.:

VI.	Section Head	Date	Appointing Authority	Date