Department of Natural Resources (DNR)

**PERSONNEL REQUEST FORM**

The purpose of this form is to request approval to change the status of a current employee. Please complete all informational fields pertinent to the requested status change.

 **DATE:**

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| **STATUS CHANGE – CURRENT EMPLOYEE** |
| **Employee Name:** |       | **Personnel #:** | **P**      | **Effective Date:** |       |
| **Office:** |       | **Division:** |       |
| **Action:** | [ ]  Reassignment-Lateral |  | [ ]  Promotion-Classified |
|  | [ ]  Demotion-Voluntary |  | [ ]  Promotion-Unclassified |
|  | [ ]  Reallocation-Business Reorganization |  | [ ]  Reallocation-Non-CPG |
|  | [ ]  Permanent Status Eligible Date:        ***Select requested action:*** |  | [ ]  Reallocation-In a CPG Eligible Date:       ***Select requested action:*** |
|  |  | [ ]  I certify this employee has met the  required standards of work; therefore, I  recommend that this employee be  granted permanent status, effective       .[ ]  I certify this employee has not met the  required standards of work; therefore, I  recommend the following: [ ]  Continuation of probationary period  and review performance again on       . [ ]  Separation from probation, effective       . |  |  | [ ]  I certify this employee has met the required  standards of work; therefore, I recommend  that this employee be granted reallocated in  a Career Progression Group, effective       .[ ]  I certify this employee has not met the  required standards of work; therefore, I  recommend reconsidering this reallocation  in a Career Progression Group again on       . |
|  |  |  |  | **[ ]**  Detail to Special Duty (Not to exceed 1 year without Civil Service approval) ***Select Justification for Detail to Special Duty:*** [ ]  Incumbent on Leave/Detail to Another  Position [ ]  Pending Filling in Regular Manner [ ]  Double Encumber Pending Retirement of  Current Employee [ ]  For a Trial Period to Determine if  Employee is Suited for Position [ ]  For a Period of Time to Complete a  Special Project |
|  | **[ ]**  Reappoint Classified WAE (Not to exceed 1245 hours in 12-months) ***Select Justification for Classified WAE:*** [ ]  Pending Filling in a Regular Manner [ ]  To Address an Emergency [ ]  To Address Work Overload |  |  |
|  | [ ]  Other: |       |  |  |
|  |
|  | **CURRENT** |  | **NEW** |
| **Position #:** |       | **Position #:** |       |
| **Job Title:** |       | **Job Title:** |       |
| **Pay Level:** |       | **Pay Level:** |       |
| **Salary: $** |        | [ ]  Bi-Weekly [ ]  Hourly | **Salary: $** |        | [ ]  Bi-Weekly [ ]  Hourly |
| **Certification:** | By signing this form, I authorize the above requested/recommended action and certify that it is in accordance with Civil Service Rules, policies and procedures; Article X of the Louisiana Constitution; and the Uniform Classification and Pay Plan. |

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| **Approved by:** |  |  |  |
|  | *Supervisor / Division Head* |  | *Assistant Secretary* |
|  |  |  |  |
|  | *Undersecretary* |  | *Secretary* |

***Once approved, please route to the Human Resources Division.***