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:**      

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.***