

POSITION DESCRIPTION

Form Revision Date: 3/2025

1 TYPE OF REQUEST Check appropria	ite request b	oxes. If ma	ster jo	b descrip	otion (MJ	D), please atta	ach master	list of positions.	
UPDATE NEW POSITION JOB CORRECTION AGENCY APPEAL 5.3 APPEAL					CAREER PROGRESSION GROUP MJD # requested				
2 POSITION SPECIFICATIONS									
POSITION NUMBER MAJOR AGENCY CODE					PERSONNEL AREA CODE				
CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST	ATION)			CURRENT PAY LEVEL		CURRENT OFFICIAL JOB CODE			
REQUESTED OFFICIAL JOB TITLE					REQUESTED PAY LEVEL		REQUESTED OFFICIAL JOB CODE		
3 INFORMATION REQUIRED FOR NEW POSITION For LaGov HCM agencies only.									
			ONNEL SUBAREA			GROUP (Choose			
						FT HOURLY FT SALARY PT HO			
4 GENERAL INFORMATION									
EMPLOYEE NAME – LAST, FIRST				EMPLOYEE QUA		S HUMAN RES	HUMAN RESOURCES CONTACT		
AGENCY/DEPARTMENT – OFFICE – DIVISION			I			HUMAN RES	HONE		
OFFICIAL TITLE OF DIRECT SUPERVISOR			SUPERVISOR'S POSITION			HUMAN RES	OURCES EMAIL	-	
5 COMPARATIVE POSITIONS List positions that have similar or identical duties to this position, if applicable.									
EMPLOYEE NAME	JMBER	OFFICIAL JOB TITLE /AGENCY							
6 SUPERVISORY ELEMENTS Check appropriate request boxes, if applicable.								kes, if applicable.	
DETERMINES WORK ASSIGNMENTS RECOMMENDS HIRING/PROMO			_				Number of Direct Subordinates		
REVIEWS AND APPROVES WORK PREPARES & SIGNS CPM RATING APPROVES LEAVE Subordinates									
7 ATTACHMENTS						Che	eck to indic	ate attachments.	
Organizational Chart (Required) MJD Position Numbers Contracted Personnel Form Comments									
8 SIGNATURES					Si	gn and check	appropriat	e request boxes.	
EMPLOYEE		DATE	ha] I certify t ve reviewe sition desc	ed the	I <u>agree</u> with the contents.	I disagree with a portion of the contents and have attached comments.		
DIRECT SUPERVISOR		DATE	ha] I certify t ve reviewe sition desc	ed the	I <u>agree</u> with the contents.	the c	ee with a portion of ontents and have hed comments.	
		DATE							
APPOINTING AUTHORITY (Required)] I certify t ve reviewe sition desc	ed the	I <u>agree</u> with the contents.	the c	ee with a portion of ontents and have hed comments.	
PRINT NAME AND TITLE OF APPOINTING AUTHORITY			1						

9 NATURE OF REQUEST

NEW POSITION

Work Overload

Select when an additional position is required to manage the existing workload effectively.

PROGRAM EXPANSION

Select when an additional position is required due to the introduction of new tasks, responsibilities, or services within an existing program.

NEW INITIATIVE

Select when an additional position is required to support the implementation of new projects, strategies, or services that are outside the scope of current operations.

OTHER

Please provide an explanation for other types of new position requests.

UPDATE

Check the appropriate update reason and provide additional information where necessary.

CYCLICAL Select when there is no change.

CHANGE IN DUTIES	Please explain why the duties were changed. If duties were transferred to or from another position, please include the position number(s).
REALLOCATION Select when the request is to change the job title.	What has changed to warrant the reallocation of this position?
BUSINESS RESTRUCTURE Select when positions are changing reporting relationships to improve efficiency and effectiveness within the agency.	Describe the scope of the restructure and how many positions are impacted.
	Please describe why an Agency Appeal or 5.3 Appeal is being made.

EXPLANATION OF REQUEST:

Provide a detailed statement describing the need for the new position. If the duties came from another position, please include the position number of the other position(s). Attach additional pages if necessary.

10 JOB DUTIES AND RESPONSIBILITIES

Provide a brief statement describing the function of work or the reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary.

PERCENTAGES MUST TOTAL 100% LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE.