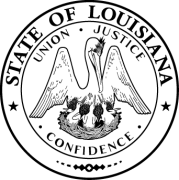
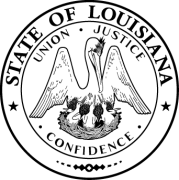
[](http://www.sos.louisiana.gov/LinkClick.aspx?link=1020&tabid=1015) JOB STUDY

REQUEST FORM

JOB STUDY PROPOSAL FORM &

INSTRUCTIONS

03/2011

TO: Shannon S. Templet*, Director of State Civil Service*

AGENCY(S) REQUESTING THE STUDY:

*Job and pay requests must be requested by an agency appointing authority. Requests cannot be directly received from an employee or employee association as ultimately the affected agencies must have funding to implement the study. In many cases, results will impact several agencies. Usually, one or more of the primary users of the job classification(s) will request the study and state that funding is available or is being actively sought.*

FUNDING IS AVAILABLE TO IMPLEMENT THIS REQUEST (Y/N):

*Usually agencies do not submit a request unless funding is available. If No is marked, please explain and include a statement that you wish us to proceed in the absence of funding and why. Please complete the attached DOA/State Budget Office Funding Certification Form.*

**/**

***AGENCY APPOINTING AUTHORITY SIGNATURE DATE***

**/**

***AGENCY UNDERSECRETARY OR BUSINESS MANAGER’S SIGNATURE/ DATE***

**SUMMARY OF YOUR PROPOSAL:**

*This section provides a summary of the new or existing job titles encompassed by your request. Additional information may be provided as an attachment or by letter. Any new or edited job specifications, including specific changes to minimum qualification requirements, may be provided separately. If possible, please provide proposed job specifications or edits via disk or e-mail in Arial, eleven point using Microsoft**Word*.

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| --- | --- | --- | --- | --- | --- |
| **Current Job Title** | **Job Code** | **Current Pay Level** | **Proposed Job Title** | **Requested Pay level** | **Nature of Your**  **Request**  **(e.g. new job, pay increases, factors, job spec changes, minimum qualifications or multiple changes)** |
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**JUSTIFICATION FOR THE REQUEST**:

*This section should explain the reasons supporting your request.*

DRAMATIC CHANGES TO THE WORK/ADDITIONAL DUTIES/ORGANIZATIONAL CHANGES

*Typical examples are: merging of multiple series into one for the purposes of cross-training; flattening of the organizational structure; state or federal licensure requirements; or many years of gradual addition of tasks, skills and increased responsibility. See below sections.*

MINIMUM QUALIFICATIONS:

*If you are requesting changes to the minimum qualifications as part of a request which also involves other changes, please provide reasons for requesting the change such as the need to expand or restrict the applicant pool and why such a change is desirable. If your request is ONLY to change the minimum qualifications and does not involve title, factor, pay or verbiage changes to other job specification elements, this form is not required.*

*Please direct Minimum Qualification Changes Only to our Staffing Division.*

In most cases, you will enter a job title under “current” OR “requested”. However, if a change to the job title itself is being requested, please include a job title in BOTH columns. Simply enter a Y or N in the column on the right to indicate if a change to the minimum qualifications is being requested. Please do this for each job title in the entire job study.

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| Current Job Title | Requested Job Title | Request for MQ change? (Y/N) |
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**Feel free to add/delete rows to accommodate your needs on this form.**

Reason(s) for requested change to minimum qualifications:

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EXISTING USE OF PAY MECHANISMS TO ADDRESS RECRUITMENT OR RETENTION PROBLEMS

DSCS approval of special entrance rates, flexible maximum hire rates, premium pay, special pay or your use of optional pay are often signs of an underlying base pay problem. Please list pay mechanisms which have been used, if any, to address the compensation problem you are trying to solve:

TURNOVER STATISTICS:

*Note: DSCS’s MIS section provides statewide turnover statistics to our staff indicating the percentage of employees who have left the state service. Reported turnover should indicate the percentage of employees who have left your department rather than movement among Offices or Divisions. This is necessary in order for our staff to be able to compare turnover on a statewide basis versus problems among individual departments. You may also wish to provide your internal turnover but please indicate this when reporting.*

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| --- | --- | --- | --- |
| **Job Title** | **# of Incumbents** | **% Turnover Current Fiscal Year** | **% Turnover Previous Fiscal Year** |
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**AVAILABILITY OF JOB APPLICANTS/SELECTION/RECRUITMENT PROBLEMS:**

*This section is used to document hiring and retention problems as well as any specific extra efforts you have made to attract candidates or reduce turnover. If you have advertised in newspapers or trade magazines, participated in job fairs, requested selective certification or special entrance rates, these efforts will assist you in presenting your case that job specification, minimum qualification and/or pay changes are necessary. You may wish to state that you have an acceptable quantity of applicants but the quality of applicants should be improved.*

INTERNAL EQUITY/COMPARABLE JOB SERIES (INTERNAL OR EXTERNAL OR BOTH):

*If applicable, please list other job series whose factors/pay supports your request.*

*Generally we choose jobs in the same occupational group or with similar minimum qualifications and/or job series subordinate or superior to the job(s) under study.*

**SALARY SURVEY DATA:**

*If available, please attach survey data to this form. You may wish to contact our staff before conducting a custom survey. We often have survey data available or may be able to provide technical assistance concerning critical information to collect and methods to ensure appropriate job matches.*

**CS/DOA STATE OFFICE OF PLANNING AND BUDGET (OPB) JOB STUDY FUNDING CERTIFICATION FORM INSTRUCTIONS Revised 2/15/2011**

***Fill out Agency/Department information as well as the jobs encompassed by the job study.***

Initial Implementation Year Costs: These are costs associated with moving employees to a higher pay range minimum. Only employees who are below the minimum of the new pay range will receive a pay adjustment to the new minimum rate of the pay range. You will answer related questions based on the cost to implement the study during the fiscal year in which the study is projected to be effective. The estimated implementation (effective) date will be the proposed Civil Service Commission Pay Hearing date which is usually in April and October every year.

Total positions (including Other Compensation and Other Charges positions) in agency/department: This refers to the agency’s Table of Organization and Non-Table of Organization Full Time Equivalents. New positions that are created as a result of the job study are also a part of the agency’s Total Authorized Positions.

Number of authorized positions encompassed by the study whether costs are incurred or not: This refers to all of the job titles that are related to the job study.

Number of authorized positions/employees receiving a pay increase due to being moved to a new pay range with a higher minimum rate of pay: This refers to the number of employees who will receive a pay increase due to current pay range being lower than the minimum of the new pay range.

***NOTE: The only mandatory job study cost intended to be reported via this form is the immediate pay increases necessary to raise the pay of employees below their new minimum. Rule 6.8.1 no longer requires a minimum 7% increase in pay for affected employees. The cost of creating and/or filling positions and promotions should be a part of the annual budget process rather than this job study implementation cost form.***

Estimated cost, per pay period for current incumbents receiving a pay increase NOT including the cost of related benefits: Pay period refers to your agency’s payroll (bi-weekly, monthly, etc.)

Estimated costs per pay period for current incumbents receiving a pay increase, PLUS the cost of related benefits: The cost of related benefits information is sent to each agency by the Office of Planning and Budget every year.

Estimated current year incremental cost (including related benefits) by means of financing (State General Fund, Interagency Transfers, Fees & Self-generated Revenues, Statutory Deductions, and/or Federal Funds): If your budget is from more than one source, prorate the amount by each category. (Example: If your current year cost is $6000 and 60% of your budget is from Fees & Self-generated Revenues and the other 40% is from Interagency Transfers, then you would write $3600 Fees & Self-generated Revenues and $2400 Interagency Transfers.

Are funds available in current fiscal year? If yes, how are funds available (identify budget categories, additional revenue, etc. and explain)? Please explain if funds are available and how those funds are available.

***Second Fiscal Yr After Implementation FY: July 1,*** ***to June 30,***

Estimated annual incremental cost (including related benefits) by means of financing for this proposal? Estimate costs for second fiscal year by financing category.

How will funding be available to support paying the cost of this proposal in the next fiscal year? Please explain how funds will be available during the second fiscal year.

If the answer above is “funding will be requested to be included in the appropriation act”; if such funding is not forthcoming, will you be able to implement the proposal within your budget allocation? If so, how? Please explain in detail.

Hold CTRL and click your left mouse button on the link below to download the CS/DOA OPB Job Study Funding Certification Form.

[CS/DOA STATE OFFICE OF PLANNING AND BUDGET (OPB) JOB STUDY FUNDING CERTIFICATION FORM](http://www.civilservice.la.gov/Forms/DOA%20ST%20OFFICE%20of%20PLANNING%20AND%20BUDGET%20FUNDING%20CERTIFICATION%20FORM%202%2015%2011%20final.doc)