

Office of the Lieutenant Governor (OLG)
 Department of Culture, Recreation and Tourism (DCRT)

PERMANENT STATUS CONSIDERATION FORM

To ensure proper utilization of this time, it is the policy of OLG/DCRT to use no less than a twelve (12) month probationary period, unless approved otherwise by the Deputy Secretary or Undersecretary. Given this, the below referenced employee is eligible for permanent status consideration:

Employee Name: _____
Personnel #: _____
Job Title: _____
Department/Section: _____
Appointment Date: _____

Upon consideration, the following action is deemed appropriate:

APPROVE

Effective Date: _____

(Effective date must be 12-24 months from the appointment date, unless an exception is granted by the Deputy Secretary or Undersecretary, in which case, it can be no less than 6-months from the appointment date. Employees with Needs Improvement/Unsuccessful on their last evaluation are not eligible for permanent status.)

I certify that this employee has met the required standards for receipt of permanent status in accordance with Civil Service Rule 9.2(a).

Supervisor's signature _____
Date

Appointing Authority's signature _____
Date

**** For exceptions to grant permanent status prior to 12-months, authorization must be provided below:**

Deputy Secretary / Undersecretary's signature _____
Date

RECONSIDER **To be reconsidered on (Date):** _____

I recommend this employee's permanent status be reconsidered on the above referenced date under Civil Service Rule 9.1(a), which allows for a probationary period of up to 24 months. The reasons are as follows:

- Employee was reassigned during the probationary period/inadequate evaluation period;
- Improvement needed:
- Received a Needs Improvement/Unsuccessful on their last evaluation;
- Other:

Supervisor's signature _____
Date

Appointing Authority's signature _____
Date

FOR HUMAN RESOURCES USE ONLY:

"I certify that this personnel action complies with the requirements of Article X of the Constitution, the Civil Service Rules, the Uniform Classification and Pay Plans, and the policies and procedures issued by the Director."

Signature

Date

Entered in LaGov HCM:

Initials

Date