Instructions for Completing the 6.5(g) Form with DocuSign Access:

1. Download the pdf:
   https://ldh.la.gov/assets/docs/hr/Policies/HumanResources/Forms/HR20FormDEC22.pdf

*See pages 2-3 for example on Steps 2-5

2. Yellow Complete all of the demographic information highlighted in yellow. Please be sure that all pay amounts (salary, range, midpoint) are entered in biweekly amounts. The biweekly amount can be found on the pay grids here: https://www.civilservice.louisiana.gov/Divisions/Compensation/PaySchedules.aspx

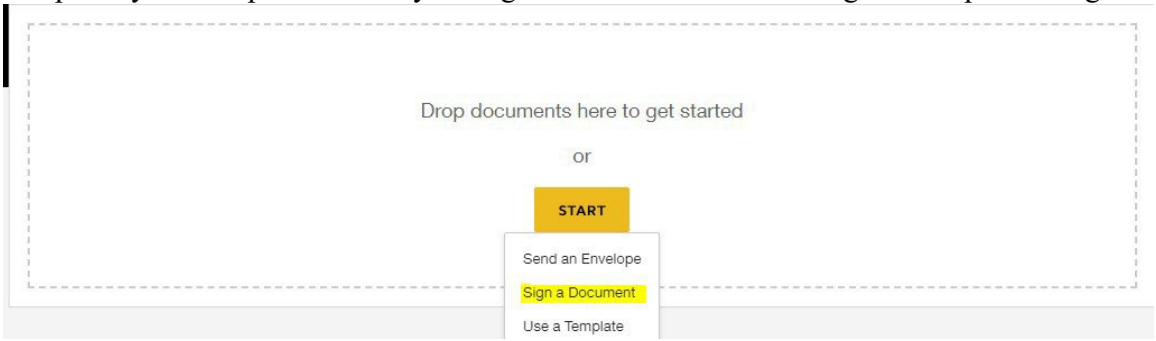
3. Pink Determine the geographical parameters within which you will consider the salary and experience of similarly situated employees. If there are employees with the same or substantially similar qualifications/credentials in the SAME job title, you MAY adjust their salary. You are not required to do so. Should you choose to, please list them and their information in this section. Sign and date in the blocks provided.

4. Blue This section is for all of the qualification information. Copy and paste the minimum qualifications from the Civil Service job spec, then detail the applicant's experiences and credentials that are above and beyond the minimum required for the position. Next, provide an explanation of how this particular applicant with these particular qualifications will benefit the Department. Any work experience beyond the minimum required must be verified with that employer. In the next block, indicate with whom you spoke and their contact information, then sign and date in the blocks provided.

5. Green Here is where the Facility Administrator, Division Director, or their equivalent certifies that all of the information submitted is true and correct and that due diligence to verification was given. Supporting documentation to be submitted with the request includes any of the following that was used to show extraordinary qualifications and/or credentials: transcripts, certificates, licenses, proof of training, proof of membership, etc.

6. Log into DocuSign:
   Docusign

7. Upload your completed form by hitting "start" below and attaching the completed 6.5g PDF.



8. The 6.5(g) form is now ready to be signed via DocuSign before submission to Human Resources.

Louisiana Department of Health

CS Rule 6.5(g) Request Form

Please enter requested information in the blanks provided. All information on the first page is required, along with certification on page 2. Please leave no blanks empty. Extraordinary qualifications must be verified and requested salary approved.

Office/Facility:		**Personnel Area:**	**Exam Plan #**
Cost Center #:			**Referral List Exp. Date:**
Applicant's Name:		**Personnel #:**	
Requested Effective Date:	**Job Title Applying For:**	**Job Code:**	**Position #:**
Biweekly Salary Requested:	**Pay Schedule Level:**	**Pay Schedule Range (min-max, biweekly):**	**Biweekly Midpoint:**
$		**$**	**$**

Minimum Qualifications/Credentials **Reference CS website at: http://www.dscs.state.la.us/asp/OneStopJobInfo/OSJobInfoView2.aspx**
Extraordinary Qualifications/Credentials (must be job related)
How would extraordinary qualifications/credentials benefit the Department?

Verification of Extraordinary Qualifications/Credentials		
Name, title, address and/phone number of former employer(s) where extra experience was gained:		
	INSERT DocuSign Here	
Print name and title of LDH employee that verified experience(s)	**Signature**	**Date of contact**

*Supporting documentation to be submitted with the request includes any of the following that was used to show extraordinary qualifications and/or credentials: transcripts, certificates, licenses, proof of training, proof of membership, etc.

Employees Who *May* Need To Be Adjusted:

Geographical parameters set: (choose one)	**Cost Center:**	**Work Parish (limited to personnel area):**	**Other:**

Employees Whose Salaries May Be Adjusted Within the Above Parameters: **None** ☐ **See Below (add sheet if needed)** ☐

(Copy of current job description and application attached.)

Name and Personnel #	**Job Title and Position #**	**Qualification/Credentials (include verification information)**	**Current Biweekly Salary**	**Proposed Biweekly Salary**
			$	$ Difference between current and proposed + $
			$	$ Difference between current and proposed + $

Print name and title of LDH employee that verified experiences	**Signature**

Required Certifications

I certify that all of the information on this form and attached documents* are true to the best of my knowledge. I understand that this information may be subject to investigation/further verification and that any misrepresentation or material omission may cause this request to be rejected. I also certify that funds are available to pay this salary.

Submitted by: *(Signature of Division Director/Facility Administrator/or equivalent)*	INSERT DocuSign Here	**Date:**	

HR USE ONLY – Probationary/Job Appointments Only

Current SER for this Job Title: $_____ **Not Applicable:** ☐

Qualifications Job Related (SF3 and/or Job Specs): ☐ **Yes** ☐ **No**	**Qualifications Verified (Required):** ☐ **Yes** ☐ **No**

Comments:

Recommend Approval:	☐ **Yes** **$** _____	☐ **No**	☐ **Yes, as modified** **$**_____	**Misc. Notes:**
6.5(g) Adjustments Recommended (Permanent or Probationary Employees Only):	☐ **Yes, as requested** ☐ **No / N/A** ☐ **Yes, as attached**	**Misc. Notes:**		
Reviewed and Processed By:			**Date:**	
HR Director (or designee):			**Date:**	

LDH Secretary/Undersecretary/Deputy Secretary/MVA Director/Asst. Secretary (or designee):

☐	**Approve as recommended by HR**	☐	**Approve the following modified biweekly amount: $**
☐	**Disapprove**	**Comments:**	

Approval Signature: INSERT DocuSign Here	**Date:**

*Supporting documentation to be submitted with the request includes any of the following that was used to show extraordinary qualifications and/or credentials: transcripts, certificates, licenses, proof of training, proof of membership, etc.