

DCFS REQUEST FOR LEAVE OF ABSENCE TO UNCLASSIFIED POSITION AGREEMENT FORM

Employee Statement of Agreement			
I, _____, request a Leave of Absence as follows: (Employee's Name)			
FROM:			
Present Classified Job Title:			
Present Level:		Present Biweekly Salary:	
Division/Bureau/Section:			
Region/Parish/Program:			
TO:			
Proposed Unclassified Job Title:			
Proposed Level:	NA - Unclassified	Proposed Biweekly Salary:	
Division/Bureau/Section:			
Region/Parish/Program:			
Proposed Effective Date:		Proposed End Date:	
I understand that this request for leave of absence from my classified position to serve in an unclassified position is a temporary assignment that can be ended prior to the proposed end date, which is the estimated conclusion of this project. This request will allow me to bring needed skills and knowledge to this position as well as allow me to enhance my professional development.			
_____ Employee Signature		_____ Date	

REQUIRED APPROVALS:	
(If First Level Approver is also the delegated Appointing Authority for action, then only sign on Appointing Authority line.)	
<input type="checkbox"/> Concur <input type="checkbox"/> Disapproved	
First Level Approval:	
	_____ Regional Manager/Bureau/Section Director Signature
	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Final Disposition:	
	_____ Appointing Authority or Designee's Signature
	_____ Date

THIS FORM MUST ACCOMPANY THE HR-2, RECOMMENDATION FOR PERSONNEL ACTION FORM.