|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board and Commission Reporting Form for** **Paper Agencies**  Revised: 03/2024 | | |
|  | | |  |
| **Board Member Information:** | | | |
| **Effective Date:** | | **End Date:** | **LaGov HCM Personnel Number:** |
| **Agency Name:** | | | **Agency Personnel Area:** |
| **Board Member’s Name:**  (Last name, First name, MI) | | | **Social Security Number:** |
| **Per Diem Pay:** | | | **Birth Date:** |
| **Gender:**  Male  Female  Non-binary | | | **Parish:** |
| **Address:** | | | **City, State, and Zip Code:** |
| **Position Number:** | | | |

**Reason for Action: (Please select one)**

Separation

Position Change

Extension of Appointment

Existing Board Member (Not Reported to Civil Service)

New Board Member

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comments:** | | | | |
|  | | | | |
| **Agency Contact Information** | | | | |
| **Contact Name/Title:** | **Email Address:** | | **Phone**: | |
| ***I hereby certify that all information on this document is true and correct to the best of my knowledge.*** | | | | |
| **Appointing Authority Signature:** | | **Title:** | | **Date:** |

**Electronic Submission:**

**Scan form as PDF & upload via** [**Paper Agency Portal**](https://apps01.civilservice.louisiana.gov/HRPortal/ComplianceAndAudit/PAL/PALHome.aspx) **in the HR Info Portal.**