



FOR CIVIL SERVICE USE ONLY

Effective Date of Contract	Approval Date	
	SCS Commission Approval (if required)	SCS Approval (Initial and Date)
Comments		

COMPLETE THE FOLLOWING INFORMATION FOR REQUESTS DEALING WITH THE CONTRACTING OF STATE SERVICES AND/OR STATE PERSONNEL

Agency Name	Personnel Area Number	Agency Number
Delgado Community College	0641	1901

CONTRACT INFORMATION

Contract #	Name of Contractor	
Is this an amendment to an existing contract?		If yes, OCR # (if applicable)
Yes ☐ No ☐		
Start Date of Contract	End Date of Contract/Amendment	Dollar Amount of Contract (Including Amendment)

CONTRACT DETAILS PROVIDED BY AGENCY TO SCS

Provide a brief overview of services to be performed to include the following:

Services to be replaced/provided by a contractor:

Advantages of contracting out services:

Justification for contracting out services:

POTENTIAL IMPACTS ON CLASSIFIED STATE EMPLOYEES

Will this contract result in the removal of responsibilities from one or more classified state employees?

Yes ☐

No ☐

Will this contract establish a relationship wherein an employee or official of the state takes the following actions:

<i>Determines the work hours of the person performing the contractual services</i>	Yes ☐	No ☐
<i>Determines the day to day duties of that person</i>	Yes ☐	No ☐
<i>Approves the absences from the work place of that person</i>	Yes ☐	No ☐

If the answer to all of the previous four questions is "NO," please email this completed form to DSCScontractreview@la.gov or send it in PROACT for SCS approval. If the answer to any of the questions is "YES," please complete the "Notification of SCS Commission's Authority on Contracts" portion of the form and then submit two copies of the proposed contract with this form to the Department of State Civil Service, Employee Relations Division, P.O. Box 94111, Baton Rouge, LA 70804-9111.

NOTIFICATION OF SCS COMMISSION'S AUTHORITY ON CONTRACTS

An agency requesting approval of an outsourcing contract which will result in the involuntary displacement of a classified employee must have the State Civil Service Commission's approval as provided in Civil Service Rule 2.9(h). The Commission will review all request for contract approval under the following guidelines:

1. The Commission will review all contracts that directly affect civil service employees within in a reasonable period of time to the contract's implementation.
2. The Commission will ensure that classified employees are competitively selected on the basis of merit, free from political influence, and will protect classified employees from dismissal or disciplinary actions for religious or politically-motivated reasons.
3. The Commission will approve contracts that are entered into for reasons of efficiency and economy, provided that the decision to privatize is made without political motivation as to the civil servants.
4. The Commission will request all documents from the agency which are necessary to determine if any classified employee will be involuntarily displaced from civil service and if so, whether the contract was entered into for reasons of efficiency and economy and not for politically-motivated reasons.
5. The Commission will not determine whether a service should or could be provided within the classified system, whether the contract is in the best interest of the State, or whether the fiscal restraints presented by the state justify privatization.
6. The Commission will challenge in the court system of Louisiana any contract that it has good cause to believe was entered into as a pretext for the discriminatory dismissal or treatment of civil servants for religious or political reasons.

APPOINTING AUTHORITY ACKNOWLEDGEMENT FOR CONTRACTS REQUIRING SCS COMMISSION APPROVAL

I hereby acknowledge that I have reviewed the information listed above pertaining to the authority of the Civil Service Commission in relation to contracts and further verify, to the best of my knowledge, that the proposed contract has been entered into for reasons of efficiency and economy and not for politically motivated reasons.

Name of Appointing Authority	Date

Title of Appointing Authority

AGENCY INFORMATION

Signature of Appointing Authority or Designee	Date

Title of Person Signing this Request
Vice Chancellor for Business and Administrative Affairs

Contact Information (*Human Resources Contac – Chief Human Resources Officer*)

Name	
Email	
Phone Number	