

STD/HIV/Hepatitis PROGRAM  
Advertisement Request Form

Date of Request: \_\_\_\_\_

Prior Approval Needed: \_\_\_ Yes \_\_\_ No Hiring Agency: \_\_\_\_\_

Type of Ad (job/rfp/sop/etc.): \_\_\_\_\_ Funding Source: \_\_\_\_\_



Classified Specification/s (legal/prof-tech/etc.): \_\_\_\_\_

Date/s of Run: \_\_\_\_\_

Location of Paper/s (name/city/region): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Advertisement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMAIL the AD as it is to appear in the newspaper!

[dann.mcgary@la.gov](mailto:dann.mcgary@la.gov)



ATTACH CARES approval to advertise & LIST any additional pertinent information pertaining to this advertisement

Return resumes/inquiries to, by, etc.: \_\_\_\_\_

by (due date) \_\_\_\_\_

Request Made By (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

STD/HIV/Hepatitis Program  
1450 Poydras Street, Suite 2136  
New Orleans, LA 70112  
(504) 568-7474 office  
(504) 568-7044 fax

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**7/1/2020**