



CONTACT INFORMATION

Requester: _____ Title of Requester: _____
 Dept. Phone Number/Extension: _____ Date Requested: _____

POSITION INFORMATION

Position Title: _____ Supervisor: _____

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes No

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes No

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes No From: ____ To: ____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes No

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular Term/Grant Temp. Unpaid Special

Position Status: Full Time (30+) Part-Time (21-29) Part-Time (20 or Less) Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**: _____

FUNDING INFORMATION

Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes No % Funded: _____

Allocation **(Required)**: Current: Org. _____ % _____ Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund Enterprise Fund Special Revenue Fund Internal Service Fund

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head _____ Date _____

HR OFFICE ONLY

Job Class: _____ Job Title: _____ Grade/Step: _____/_____

FTE: _____ Employee Group: _____ HR Reviewed: _____ Date: _____

BUDGET OFFICE ONLY

Position Control # _____ Org. _____

Funds Available: Yes No Object Code: 704000 706000 706001

Comments: _____

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____