

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: _____

Business Unit Number: _____

SECTION I – TYPE OF REQUEST

| Function | Check Applicable | Comments |
|---------------------------|------------------|---------------------------------------------------------|
| Position Update | | May require Commissioners Court approval |
| Position Reclassification | | May require Commissioners Court approval |
| New Position Request | | Requires Commissioners Court approval |
| Is computer usage < 25%? | Yes No | Does not require annual Cybersecurity training if "Yes" |


SECTION II – REASON FOR REQUEST

SECTION III – PROPOSED EFFECTIVE DATE

| | | |
|-------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proposed Effective Date | _____ | Date must be the beginning of a pay period. For requests requiring Commissioners Court approval, the earliest effective date will be the first pay period after approval. |
| Grant Effective Date | From: _____ To: _____ | |

SECTION IV – POSITION DATA

| Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i> | | Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i> | |
|-----------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------|--------|
| | | Number of Positions | |
| Position Title | | Position Title (30 Spaces Maximum) | |
| Job Code Number | | Job Code Number | |
| Job Code Description | | Job Code Description | |
| Position Number | | Position Number (HRRM Use Only) | |
| Company (CS, FC, HC, JV or PA) | | Company (CS, FC, HC, JV or PA) | |
| Business Unit | | Business Unit | |
| Home Department ID Number | | Home Department ID Number | |
| Location | | Location | |
| Full Time, Part Time or Temporary | | Full Time, Part Time or Temporary | |
| Budgeted Hours | | Budgeted Hours | |
| Salary Range Maximum | | Salary Range Maximum | |
| FLSA Code | | FLSA Code | |
| Reports To Position Number | | Reports To Position Number | |
| Fund Code | | Fund Code | |
| Funding Department ID Number | | Funding Department ID Number | |
| Account (<i>Same for all Business Units</i>) | 510010 | Account (<i>Same for all Business Units</i>) | 510010 |
| Business Unit PC (<i>Projects or Grants only</i>) | | Business Unit PC (<i>Projects or Grants only</i>) | |
| Project/Grant (<i>Projects or Grants only</i>) | | Project/Grant (<i>Projects or Grants only</i>) | |
| Activity ID (<i>Projects or Grants only</i>) | | Activity ID (<i>Projects or Grants only</i>) | |



Business Unit Approval (Business Unit Head or Designee)

Date

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Date

Business Unit Approval (Business Unit Head or Designee)



HARRIS COUNTY JOB DESCRIPTION

| | | | |
|--------------|----------------------|----------------|----------------------|
| Job Title: | <input type="text"/> | Job Code: | <input type="text"/> |
| Department: | <input type="text"/> | Creation Date: | <input type="text"/> |
| FLSA Status: | <input type="text"/> | Revision Date: | <input type="text"/> |

General Summary

Duties & Responsibilities

% of Time Spent (5% or Greater)

Knowledge, Skills and Abilities

Work Environment

Physical Demands

Position Type and Typical Hours of Work

Required Education / Experience

Other Duties

Reporting Relationships

Equal Opportunity Statement

Harris County is an Equal Opportunity Employer and is committed to providing equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, national origin, age, pregnancy, disability, genetic information, sexual orientation, gender identity or any other protected class in accordance with applicable federal and state laws.

Job Description Approval

This Job Description has been approved by the appropriate levels of management.

Manager: _____ Date: _____

HR Representative: _____ Date: _____

Employee signature below constitutes employee's understanding of the requirements, essential duties and responsibilities of the position.

Employee: _____ Date: _____