

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 additional office space required?	Yes No	


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 Description (Title)	Position Description (Title-30 Spaces Max)
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>	Account <i>(Same for all Business Units)</i>
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>
Resource Type <i>(Not currently used)</i>	Resource Type <i>(Not currently used)</i>

 _____ Business Unit Approval (Business Unit Head or Designee)	_____ Date
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