

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Harris County Public Health Business Unit Number: 27500

**SECTION I – TYPE OF REQUEST**

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is additional office space required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II – REASON FOR REQUEST**


Move position from General Fund to Charity Care to align with business needs

**SECTION III – PROPOSED EFFECTIVE DATE**

Proposed Effective Date	<b>03/09/2024</b>	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: 1
Position Description (Title)	RN, Clin Hlth Svcs
Job Code Description	Registered Nurse I
Position Number	10005487
Company (CS, FC, HC, JV or PA)	HC
Business Unit	27500
Home Department ID Number	27540130
Location	574H000
Full Time, Part Time or Temporary	Full Time
Budgeted Hours	40
Salary Range Maximum	52.76
FLSA Code	1
Reports To Position Number	10006011
Fund Code	1000
Funding Department ID Number	27540130
Account (Same for all Business Units)	510010
Business Unit PC (Projects or Grants only)	
Project/Grant (Projects or Grants only)	
Activity ID (Projects or Grants only)	
Resource Type (Not currently used)	

 _____ Business Unit Approval (Business Unit Head or Designee)	1/29/2024 _____ Date
---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Harris County Public Health Business Unit Number: 27500

### SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is additional office space required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION II – REASON FOR REQUEST

Move position from General Fund to Charity Care to align with business needs

### SECTION III – PROPOSED EFFECTIVE DATE

Proposed Effective Date	<b>03/09/2024</b>	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 <span style="float: right;">1</span>
Position Description (Title)	LVN, Mobile Hlth Svcs Position Description (Title-30 Spaces Max)
Job Code Description	Licensed Vocational Nurse I Job Code Description
Position Number	10005724 Position Number (HRRM Use Only)
Company (CS, FC, HC, JV or PA)	HC Company (CS, FC, HC, JV or PA)
Business Unit	27500 Business Unit
Home Department ID Number	27540130 Home Department ID Number
Location	DEFAULT Location
Full Time, Part Time or Temporary	Full Time Full Time, Part Time or Temporary
Budgeted Hours	40 Budgeted Hours
Salary Range Maximum	\$38.53 Salary Range Maximum
FLSA Code	N FLSA Code
Reports To Position Number	10005438 Reports To Position Number
Fund Code	1000 Fund Code <span style="float: right;">2117</span>
Funding Department ID Number	27540130 Funding Department ID Number
Account (Same for all Business Units)	510010 Account (Same for all Business Units) <span style="float: right;">510010</span>
Business Unit PC (Projects or Grants only)	 Business Unit PC (Projects or Grants only)
Project/Grant (Projects or Grants only)	 Project/Grant (Projects or Grants only)
Activity ID (Projects or Grants only)	 Activity ID (Projects or Grants only)
Resource Type (Not currently used)	 Resource Type (Not currently used)

<b>Business Unit Approval (Business Unit Head or Designee)</b>	<b>1/29/2024</b> Date
----------------------------------------------------------------	--------------------------

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Harris County Public Health Business Unit Number: 27500

**SECTION I – TYPE OF REQUEST**

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is additional office space required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II – REASON FOR REQUEST**

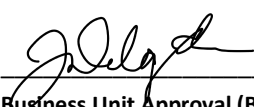
Move position from General Fund to Charity Care to align with business needs

**SECTION III – PROPOSED EFFECTIVE DATE**

Proposed Effective Date	<b>03/09/2024</b>	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**

<b>Current</b> <i>Use "Pos_List_File" (PCN Download) to complete all fields</i>	<b>Proposed</b> <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i>
	Number of Positions: 1
Position Description (Title)	NP, Clin Hlth Svcs
Job Code Description	Nurse Practitioner I
Position Number	10005730
Company (CS, FC, HC, JV or PA)	HC
Business Unit	27500
Home Department ID Number	27540130
Location	883A000
Full Time, Part Time or Temporary	Full Time
Budgeted Hours	40
Salary Range Maximum	\$59.43
FLSA Code	1
Reports To Position Number	10006011
Fund Code	1000
Funding Department ID Number	27540120
Account (Same for all Business Units)	510010
Business Unit PC (Projects or Grants only)	
Project/Grant (Projects or Grants only)	
Activity ID (Projects or Grants only)	
Resource Type (Not currently used)	

 _____ Business Unit Approval (Business Unit Head or Designee)	1/29/2024 _____ Date
---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Harris County Public Health Business Unit Number: 27500

**SECTION I – TYPE OF REQUEST**

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is additional office space required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II – REASON FOR REQUEST**

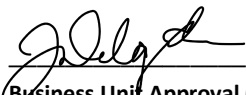
Move position from General Fund to Charity Care to align with business needs

**SECTION III – PROPOSED EFFECTIVE DATE**

Proposed Effective Date	<b>03/09/2024</b>	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 <span style="float: right;">1</span>
Position Description (Title)	Nurse, COPR
Job Code Description	Nurse Supervisor
Position Number	10022918
Company (CS, FC, HC, JV or PA)	HC
Business Unit	27500
Home Department ID Number	27540090
Location	DEFAULT
Full Time, Part Time or Temporary	Full Time
Budgeted Hours	40
Salary Range Maximum	\$65.23
FLSA Code	1
Reports To Position Number	10005444
Fund Code	1000
Funding Department ID Number	27540090
Account (Same for all Business Units)	510010
Business Unit PC (Projects or Grants only)	
Project/Grant (Projects or Grants only)	
Activity ID (Projects or Grants only)	
Resource Type (Not currently used)	

 _____ Business Unit Approval (Business Unit Head or Designee)	1/29/2024 _____ Date
---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Harris County Public Health Business Unit Number: 27500

### SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is additional office space required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION II – REASON FOR REQUEST

Move position from DSRIP to Charity Care to align with business needs

### SECTION III – PROPOSED EFFECTIVE DATE

Proposed Effective Date	<b>03/09/2024</b>	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 <span style="float: right;">1</span>
Position Description (Title)	Outr Wkr, Dental Hlth Svcs
Job Code Description	Outreach Worker II
Position Number	10022439
Company (CS, FC, HC, JV or PA)	HC
Business Unit	27500
Home Department ID Number	27550040
Location	DEFAULT
Full Time, Part Time or Temporary	Full Time
Budgeted Hours	40
Salary Range Maximum	\$29.91
FLSA Code	N
Reports To Position Number	10005567
Fund Code	2116
Funding Department ID Number	27550040
Account (Same for all Business Units)	510010
Business Unit PC (Projects or Grants only)	
Project/Grant (Projects or Grants only)	
Activity ID (Projects or Grants only)	
Resource Type (Not currently used)	

	<b>1/29/2024</b>
Business Unit Approval (Business Unit Head or Designee)	Date

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Harris County Public Health Business Unit Number: 27500

**SECTION I – TYPE OF REQUEST**

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is additional office space required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II – REASON FOR REQUEST**

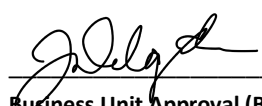
Move position from DSRIP to Charity Care to align with business needs

**SECTION III – PROPOSED EFFECTIVE DATE**

Proposed Effective Date	<b>03/09/2024</b>	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 <span style="float: right;">1</span>
Position Description (Title)	Dental Hygienist I
Job Code Description	Dental Hygienist I
Position Number	10024126
Company (CS, FC, HC, JV or PA)	HC
Business Unit	27500
Home Department ID Number	27550040
Location	883A000
Full Time, Part Time or Temporary	Full Time
Budgeted Hours	40
Salary Range Maximum	\$52.76
FLSA Code	N
Reports To Position Number	10024127
Fund Code	2116
Funding Department ID Number	27550040
Account (Same for all Business Units)	510010
Business Unit PC (Projects or Grants only)	
Project/Grant (Projects or Grants only)	
Activity ID (Projects or Grants only)	
Resource Type (Not currently used)	

 _____ Business Unit Approval (Business Unit Head or Designee)	1/29/2024 _____ Date
---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Harris County Public Health Business Unit Number: 27500

**SECTION I – TYPE OF REQUEST**

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is additional office space required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II – REASON FOR REQUEST**

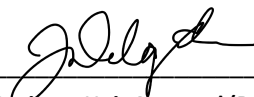
Move position from DSRIP to Charity Care to align with business needs

**SECTION III – PROPOSED EFFECTIVE DATE**

Proposed Effective Date	<b>03/09/2024</b>	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 <span style="float: right;">1</span>
Position Description (Title)	Dent Asst, Dental Hlth Svcs
Job Code Description	Dental Assistant
Position Number	10024128
Company (CS, FC, HC, JV or PA)	HC
Business Unit	27500
Home Department ID Number	27550040
Location	883A000
Full Time, Part Time or Temporary	Full Time
Budgeted Hours	40
Salary Range Maximum	\$22.74
FLSA Code	N
Reports To Position Number	10024127
Fund Code	2116
Funding Department ID Number	27550040
Account (Same for all Business Units)	510010
Business Unit PC (Projects or Grants only)	
Project/Grant (Projects or Grants only)	
Activity ID (Projects or Grants only)	
Resource Type (Not currently used)	

 _____ Business Unit Approval (Business Unit Head or Designee)	1/29/2024 _____ Date
---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------