## SECTION I - TYPE OF REQUEST

| Function | Check Applicable |  | Comments |
| :---: | :---: | :---: | :---: |
| Position Update | $\checkmark$ |  | May require Commissioners Court approval |
| Position Reclassification | $\checkmark$ |  | May require Commissioners Court approval |
| New Position Request |  |  | Requires Commissioners Court approval |
| Is additional office space required? | Yes | No |  |

## SECTION II - REASON FOR REQUEST

There is an operational need to reclassify this position to an intern.

## SECTION III - PROPOSED EFFECTIVE DATE

| Proposed Effective Date | $05 / 20 / 2023$ | Date must be the beginning of a pay period. For requests requiring Commissioners <br> Court approval, the earliest effective date will be the first pay period after approval. |
| :--- | :--- | :--- |
| Grant Effective Date | From: $\quad$ To: |  |

## SECTION IV - POSITION DATA

| Current Use "Pos_List_File" (PCN Download) to complete all fields |  | Proposed Complete all fields for a new position or change appropriate field(s) for existing position. |  |
| :---: | :---: | :---: | :---: |
|  |  | Number of Positions | 1 |
| Position Description (Title) | Clerk, Clinic WIC | Position Description (Title-30 Spaces Max) | Intern |
| Job Code Description | Nutrition Assistant III | Job Code Description | Intern II |
| Position Number | 10005863 | 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 | 27550030 | Home Department ID Number | 27510510 |
| Location | DEFAULT | Location |  |
| Full Time, Part Time or Temporary | Full Time | Full Time, Part Time or Temporary |  |
| Budgeted Hours | 40.00 | Budgeted Hours |  |
| Salary Range Maximum | \$24.49 | Salary Range Maximum | \$27.71 |
| FLSA Code | N | FLSA Code |  |
| Reports To Position Number | 10006011 | Reports To Position Number | 10025051 |
| Fund Code | 2601 | Fund Code | 1000 |
| Funding Department ID Number | 27550030 | Funding Department ID Number | 27510510 |
| Account (Same for all Business Units) | 510010 | Account (Same for all Business Units) | 510010 |
| 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) |  |

# POSITION MANAGEMENT REQUEST FORM <br> Public Health Services <br> Business Unit Number: 

SECTION I - TYPE OF REQUEST

| Function | Check Applicable |  | Comments |
| :---: | :---: | :---: | :---: |
| Position Update | $\checkmark$ |  | May require Commissioners Court approval |
| Position Reclassification | $\checkmark$ |  | May require Commissioners Court approval |
| New Position Request |  |  | Requires Commissioners Court approval |
| Is additional office space required? | Yes | No |  |

## SECTION II - REASON FOR REQUEST

There is an operational need to reclassify this position to an intern.

## SECTION III - PROPOSED EFFECTIVE DATE

| Proposed Effective Date | $05 / 20 / 2023$ | Date must be the beginning of a pay period. For requests requiring Commissioners <br> Court approval, the earliest effective date will be the first pay period after approval. |  |  |
| :--- | :--- | :--- | :---: | :---: |
| Grant Effective Date | From: | To: |  |  |

## SECTION IV - POSITION DATA

| Current <br> Use "Pos_List_File" (PCN Download) to complete all fields |  | ProposedComplete all fields for a new position or change appropriate field(s) forexisting position. |  |
| :---: | :---: | :---: | :---: |
|  |  | Number of Positions | 1 |
| Position Description (Title) | Clerk, Clinic WIC | Position Description (Title-30 Spaces Max) | Intern |
| Job Code Description | Nutrition Assistant III | Job Code Description | Intern II |
| Position Number | 10005859 | 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 | 27550030 | Home Department ID Number | 27510510 |
| Location | DEFAULT | Location |  |
| Full Time, Part Time or Temporary | Full Time | Full Time, Part Time or Temporary |  |
| Budgeted Hours | 40.00 | Budgeted Hours |  |
| Salary Range Maximum | \$24.49 | Salary Range Maximum | \$27.71 |
| FLSA Code | N | FLSA Code |  |
| Reports To Position Number | 10006011 | Reports To Position Number | 10025051 |
| Fund Code | 2601 | Fund Code | 1000 |
| Funding Department ID Number | 27550030 | Funding Department ID Number | 27510510 |
| Account (Same for all Business Units) | 510010 | Account (Same for all Business Units) | 510010 |
| 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) |  |

05/01/2023

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name:
$\underline{\text { Public Health Services } \quad \text { Business Unit Number: } 27500}$

SECTION I - TYPE OF REQUEST

| Function | Check <br> Applicable | Comments |  |
| :--- | :---: | :--- | :--- |
| Position Update | $\boxed{ }$ |  | May require Commissioners Court approval |
| Position Reclassification | $\checkmark$ |  | May require Commissioners Court approval |
| New Position Request | $\square$ |  | Requires Commissioners Court approval |
| Is additional office space required? | $\square$ | Yes | No |

## SECTION II - REASON FOR REQUEST

There is an operational need to reclassify this position to an intern.

## SECTION III - PROPOSED EFFECTIVE DATE

| Proposed Effective Date | $05 / 20 / 2023$ | Date must be the beginning of a pay period. For requests requiring Commissioners <br> Court approval, the earliest effective date will be the first pay period after approval. |
| :--- | :--- | :--- |
| Grant Effective Date | From: $\quad$ To: |  |

## SECTION IV - POSITION DATA

| Use "Pos_List_File" (PCN Download) to complete all fields |  | Proposed <br> Complete all fields for a new position or change appropriate field(s) for <br> existing position. |  |
| :---: | :---: | :---: | :---: |
|  |  | Number of Positions | 1 |
| Position Description (Title) | Clerk, Clinic WIC | Position Description (Title-30 Spaces Max) | Intern |
| Job Code Description | Nutrition Assistant III | Job Code Description | Intern II |
| Position Number | 10005854 | 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 | 27550030 | Home Department ID Number | 27510510 |
| Location | DEFAULT | Location |  |
| Full Time, Part Time or Temporary | Full Time | Full Time, Part Time or Temporary |  |
| Budgeted Hours | 40.00 | Budgeted Hours |  |
| Salary Range Maximum | \$24.49 | Salary Range Maximum | \$27.71 |
| FLSA Code | N | FLSA Code |  |
| Reports To Position Number | 10006011 | Reports To Position Number | 10025051 |
| Fund Code | 2601 | Fund Code | 1000 |
| Funding Department ID Number | 27550030 | Funding Department ID Number | 27510510 |
| Account (Same for all Business Units) | 510010 | Account (Same for all Business Units) | 510010 |
| 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) |  |

05/01/2023
Date

## SECTION I - TYPE OF REQUEST

| Function | Check <br> Applicable | Comments |  |  |  |
| :--- | :---: | :---: | :--- | :---: | :---: |
| Position Update |  |  |  |  | May require Commissioners Court approval |
| Position Reclassification | $\checkmark$ |  | May require Commissioners Court approval |  |  |
| New Position Request | $\square$ |  | Requires Commissioners Court approval |  |  |
| Is additional office space required? | $\square$ | $\square$ | No |  |  |

## SECTION II - REASON FOR REQUEST

There is an operational need to reclassify this position to an intern.

## SECTION III - PROPOSED EFFECTIVE DATE

| Proposed Effective Date | $05 / 20 / 2023$ | Date must be the beginning of a pay period. For requests requiring Commissioners <br> Court approval, the earliest effective date will be the first pay period after approval. |  |
| :--- | :--- | :--- | :---: |
| Grant Effective Date | From: | To: |  |

## SECTION IV - POSITION DATA

| Current <br> Use "Pos_List_File" (PCN Download) to complete all fields |  | ProposedComplete all fields for a new position or change appropriate field(s) forexisting position. |  |
| :---: | :---: | :---: | :---: |
|  |  | Number of Positions | 1 |
| Position Description (Title) | Clerk, Clinic WIC | Position Description (Title-30 Spaces Max) | Intern |
| Job Code Description | Nutrition Assistant III | Job Code Description | Intern II |
| Position Number | 10005851 | 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 | 27550030 | Home Department ID Number | 27510510 |
| Location | DEFAULT | Location |  |
| Full Time, Part Time or Temporary | Full Time | Full Time, Part Time or Temporary |  |
| Budgeted Hours | 40.00 | Budgeted Hours |  |
| Salary Range Maximum | \$24.49 | Salary Range Maximum | \$27.71 |
| FLSA Code | N | FLSA Code |  |
| Reports To Position Number | 10006011 | Reports To Position Number | 10025051 |
| Fund Code | 2601 | Fund Code | 1000 |
| Funding Department ID Number | 27550030 | Funding Department ID Number | 27510510 |
| Account (Same for all Business Units) | 510010 | Account (Same for all Business Units) | 510010 |
| 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) |  |

Business Unit Approval (Business Unit Head or Designee)

