

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


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		Position Description (30 Spaces Max)	
Job Code		Job Code (HRRM Use Only)	
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 (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)

Date