

POSITION CHANGE FORM

FROM (Department Head/Designee): _____

HIRING MANAGER NAME/DIVISION: _____

SUBMITTED BY (Name/Title): _____

PHONE: _____ FAX: _____

EFFECTIVE DATE OF ACTION: _____

Number of Hours Scheduled to Work Per Week: _____

Department #: _____ (ex: BIHR000001) Distribution # _____ (ex: 100-01-123456)

Section 1: Complete this section to modify an existing position OR create a new position

Modify an EXISTING position: POSITION NUMBER _____ Employee Name/ID _____

- Conversion to Career Status (Contract to Career)
- New Hire -Term/Contract:
- Probation Review (Employee Entering Union)
- Reassign to Lower Grade/Demotion: New Job Code/ Job Title _____
- Reassignment: Current Position, to be vacated: _____ Reassign to: _____
- Return from Temporary Assignment at Higher Grade
- Temporary Assignment to Higher Grade: Temporary Job Title/Code: _____
- Title Change: New Job Title/Code: _____
- Waiver of Reinstatement Rights
Current Position Number _____ (to be vacated); Waiver Position #: _____
- Other (please explain) : _____

Create a NEW position: Career Term Contract

This is a newly budgeted position for FY _____; Job Title/Code: _____

POSITION NUMBER (assigned by C&C) _____

Section 2: Complete this section to initiate advertising of a position

Advertise the following position:

Position Title: _____ Grade: _____ Position Location: _____

Working Title: _____ Job Code/Class Spec: _____

Indicate how long the position should be posted:

Open Until Filled Use Job Bank Post for _____ days

Please attach a copy of ad/notes.

Indicate (as applicable): This position is deferred ; Effective posting date _____; Reason for deferral _____

This section is to be completed by Classification and Compensation Office

Date Received: _____

Class. & Comp. Office Approval Date: _____

To Recruitment: _____

Completed/Audited by: _____

Upon approval, the Class & Comp Office will forward to the Recruitment and Selection Services Office if applicable.