POSITION CHANGE REQUEST FORM

1. Department Name/ORG Code: _____

2. Reason for the Request:

Requires Commissioners Court Approval	Requires Department Head or Designee Approval
☐ New Position Requested	☐ Position Title Change Only
☐ Increase the Budget Maximum	☐ GL ORG. Key Change
☐ Department Reorganization	☐ Division Change
☐ Transfer Position	☐ JL Key Change
☐ Decrease the Budget Maximum	☐ JL Object Change
☐ Change Pos Hrs/Status	☐ Ledger Code Key Change
☐ Car Allowance Change	
☐ End Position *(Date)* _____	

Position Requested Effective Date (¹*See NOTE below)*: _____

Grant Effective Date *(If applicable)*: _____ to _____

If all changes listed apply to multiple positions you may list all position numbers to which the changes apply on the back or on a separate attached worksheet.

3. **Current Position Title** (If Applicable):	4. **New Position Title:** Number of positions _____
_____	_____
Current Position Number: _____	New Position Number *(HRRM Use Only)*: _____
Ledger Code: _____	Ledger Code: _____
GL Key: _____	GL Key: _____
Division: _____	Division: _____
JL Key: _____	JL Key: _____
JL Obj: _____	JL Obj: _____
Pos Stat: ☐Reg 32+ ☐Reg 32- ☐PT ☐Temp ☐Model	Pos Stat: ☐Reg 32+ ☐Reg 32- ☐PT ☐Temp ☐Model
Duration of Hrs per year: _____	Duration of Hrs per year: _____
Required Hrs per Wk: _____	Required Hrs per Wk: _____
Budget Maximum: _____ ☐HR ☐MTH	New Budget Maximum: _____ ☐HR ☐MTH
Max. Car Allowance: _____	Max. Car Allowance: _____

IF APPLYING FOR A NEW JOB TITLE (a title not previously used in the department), ATTACH A JOB DESCRIPTION WHICH DEFINES: MINIMUM QUALIFICATIONS; JOB DUTIES; SUPERVISORY REQUIREMENTS AND JOB HEIRARCHY (what position does the job report to and what department jobs are equivalent/similar in responsibility). If job title has previously been used DO NOT attach a job description.

Requested By:	Approved By:
Signature (Dept. Head/Designee) Date	Governing Board (if applicable) Date

APPROVALS

Job Title Assigned (HRRM): _____   EEOC Code: _____

Job Code Assigned (HRRM): _____   WC Code: _____   Census Code: _____

Date Approved by Commissioners Court: _____

¹**NOTE: Upon Commissioners Court or Board approval, the information is to be forwarded to Management Services – Human Resources for recording in the County's Payroll/Personnel System. The position change will ordinarily be effective on the latter of the first day of the pay period following approval or date requested.**