

POSITION CHANGE REQUEST FORM

1. Department Name/ORG Code: _____
 2. Reason for the Request: _____

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

Position Requested Effective Date (¹See 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: _____ Ledger Code: _____ GL Key: _____ Division: _____ JL Key: _____ JL Obj: _____ Pos Stat: <input type="checkbox"/> Reg 32+ <input type="checkbox"/> Reg 32- <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Model Duration of Hrs per year: _____ Required Hrs per Wk: _____ Budget Maximum: _____ <input type="checkbox"/> HR <input type="checkbox"/> MTH Max. Car Allowance: _____ | _____ New Position Number (HRRM Use Only): _____ Ledger Code: _____ GL Key: _____ Division: _____ JL Key: _____ JL Obj: _____ Pos Stat: <input type="checkbox"/> Reg 32+ <input type="checkbox"/> Reg 32- <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Model Duration of Hrs per year: _____ Required Hrs per Wk: _____ New Budget Maximum: _____ <input type="checkbox"/> HR <input type="checkbox"/> MTH 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) _____ | Governing Board (if applicable) _____ |
| Date _____ | Date _____ |

APPROVALS

Job Title Assigned (HRRM): _____ EEOC Code: _____
 Job Code Assigned (HRRM): _____ WC Code: _____ Census Code: _____
 Date Approved by Commissioners Court: _____

¹NOTE: 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.