**POSITION CHANGE REQUEST FORM**

Note: This form only applies to select departments. See Accounting Procedure L.2-8, Position Change Requests.

1. Dept. Name: ___________________________________________ Dept. Org. #: __________________________

2. Reason for and Routing of Request: Note: All 3441 forms must be approved by the Department Head.

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Routing of Department Approved Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ JL Key Change</td>
<td></td>
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<tr>
<td>□ JL Object Change</td>
<td></td>
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<tr>
<td>□ Division Change</td>
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<tr>
<td>□ GL Org. Key Change</td>
<td></td>
</tr>
<tr>
<td>□ Position Title Change</td>
<td></td>
</tr>
</tbody>
</table>

Forward form directly to positionletters@hctx.net. Commissioners Court approval is not required.

| □ Vehicle Allowance Change              |                                     |
| □ Change Position Hours/Status          |                                     |
| □ Decrease the Position Maximum         |                                     |
| □ Department Reorganization             |                                     |
| □ End Position (Date)                   |                                     |
| □ Increase the Position Maximum         |                                     |
| □ Ledger Code Key Change                |                                     |
| □ New Position Requested                |                                     |
| □ Transfer Position from dept. to dept. |                                     |

Commissioners Court approval required.

Proposed Effective Date (See NOTE below): __________________________ (Date must be the beginning of a pay period.)

Note: The position change will ordinarily be effective on the latter of the first day of the pay period following Commissioners Court approval or a later date requested.

Grant Effective Date (If applicable): __________________________ to __________________________

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

3. Current Position (PCN) Title (If applicable):

Current Functional Title (if applicable):

Current Position Number: __________________________
Ledger Code Key: __________________________
GL Org. Key: __________________________
Division: __________________________
JL Key: __________________________
JL Object: __________________________
Pos Stat: □Reg 32+ □Reg 32- □PT □Temp □Model
Duration of Hrs per year: __________________________
Required Hrs per Wk: __________________________
Position Maximum: __________________________ □HR □MTH
Max. Vehicle Allowance: __________________________

4. New Position (PCN) Title: No. of positions ______

New Functional Title (if applicable):

New Position Number (HRRM Use Only): __________________________
Ledger Code Key: __________________________
GL Org. Key: __________________________
Division: __________________________
JL Key: __________________________
JL Object: __________________________
Pos Stat: □Reg 32+ □Reg 32- □PT □Temp □Model
Duration of Hrs per year: __________________________
Required Hrs per Wk: __________________________
New Position Maximum: __________________________ □HR □MTH
Max. Vehicle 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 Hierarchy (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.

Department Approval

Signature (Department Head or Designee) __________________________ Date __________________________

Commissioners Court Approval (if applicable)

Signature/Stamp __________________________ Date __________________________

**BUDGET MANAGEMENT DEPARTMENT - BUDGET SERVICES AND PLANNING**

Remaining FY Cost: __________________________ Approval Signature __________________________ Date __________________________

**HRRM USE ONLY**

Job Title Assigned (HRRM): __________________________ EEOC Code: __________________________
Job Code Assigned (HRRM): __________________________ WC Code: __________________________
Title Changes: □ Non-Routine □ Routine

HRRM Approval: __________________________ Signature __________________________ Date __________________________