

## POSITION CHANGE REQUEST FORM

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

After completion, forward form to Human Resources & Risk Management (HRRM) via email to [positionletters@hctx.net](mailto:positionletters@hctx.net).

1. Dept. Name: \_\_\_\_\_ Dept. Org. #: \_\_\_\_\_  
 2. Reason for and Routing of Request: **Note: All 3441 forms must be approved by the Department Head.**

Type of Request	Routing of Department Approved Form
<input type="checkbox"/> JL Key Change <input type="checkbox"/> JL Object Change <input type="checkbox"/> Division Change <input type="checkbox"/> GL Org. Key Change	Forward form directly to HRRM. Commissioners Court approval is not required.
<input type="checkbox"/> Position Title Change	Forward form directly to HRRM. Commissioners Court approval required for non-routine title changes.
<input type="checkbox"/> Car Allowance Change <input type="checkbox"/> Change Position Hours/Status <input type="checkbox"/> Decrease the Position Maximum <input type="checkbox"/> Department Reorganization <input type="checkbox"/> End Position (Date) _____ <input type="checkbox"/> Increase the Position Maximum <input type="checkbox"/> Ledger Code Key Change <input type="checkbox"/> New Position Requested <input type="checkbox"/> Transfer Position from dept. to dept.	Forward form to HRRM. 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 Title (If Applicable):	4. New Position Title: <span style="float: right;">No. of positions _____</span>
_____	_____
Current Position Number: _____	New Position Number (HRRM Use Only): _____
Ledger Code Key: _____	Ledger Code Key: _____
GL Org. Key: _____	GL Org. Key: _____
Division: _____	Division: _____
JL Key: _____	JL Key: _____
JL Object: _____	JL Object: _____
Pos Stat: <input type="checkbox"/> Reg 32+ <input type="checkbox"/> Reg 32- <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Model	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: _____	Duration of Hrs per year: _____
Required Hrs per Wk: _____	Required Hrs per Wk: _____
Position Maximum: _____ <input type="checkbox"/> HR <input type="checkbox"/> MTH	New Position Maximum: _____ <input type="checkbox"/> HR <input type="checkbox"/> MTH
Budget Maximum: _____ <input type="checkbox"/> HR <input type="checkbox"/> MTH	New Budget Maximum: _____ <input type="checkbox"/> HR <input type="checkbox"/> 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 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	<b>BUDGET MANAGEMENT - BUDGET SERVICES AND PLANNING</b>	
Signature (Department Head or Designee) _____ Date _____	Remaining FY Cost: _____	Approval Signature _____ Date _____

Commissioners Court Approval (if applicable)  
 \_\_\_\_\_  
 Signature/Stamp \_\_\_\_\_ Date \_\_\_\_\_

### HRRM USE ONLY

Job Title Assigned (HRRM): \_\_\_\_\_ EEOC Code: \_\_\_\_\_  
 Job Code Assigned (HRRM): \_\_\_\_\_ WC Code: \_\_\_\_\_ Census Code: \_\_\_\_\_  
 Title Changes:  Non-Routine  Routine