

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.**

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 positionletters@hctx.net . Commissioners Court approval is not required.
<input type="checkbox"/> Position Title Change	Forward form directly to positionletters@hctx.net . Commissioners Court approval required if non-routine title change.
<input type="checkbox"/> Vehicle 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.	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):	4. New Position (PCN) Title: No. of positions _____
<p>Current Functional Title (if applicable):</p> <p>_____</p> <p>Current Position Number: _____</p> <p>Ledger Code Key: _____</p> <p>GL Org. Key: _____</p> <p>Division: _____</p> <p>JL Key: _____</p> <p>JL Object: _____</p> <p>Pos Stat: <input type="checkbox"/>Reg 32+ <input type="checkbox"/>Reg 32- <input type="checkbox"/>PT <input type="checkbox"/>Temp <input type="checkbox"/>Model</p> <p>Duration of Hrs per year: _____</p> <p>Required Hrs per Wk: _____</p> <p>Position Maximum: _____ <input type="checkbox"/>HR <input type="checkbox"/>MTH</p> <p>Max. Vehicle Allowance: _____</p>	<p>New Functional Title (if applicable):</p> <p>_____</p> <p>New Position Number (HRRM Use Only): _____</p> <p>Ledger Code Key: _____</p> <p>GL Org. Key: _____</p> <p>Division: _____</p> <p>JL Key: _____</p> <p>JL Object: _____</p> <p>Pos Stat: <input type="checkbox"/>Reg 32+ <input type="checkbox"/>Reg 32- <input type="checkbox"/>PT <input type="checkbox"/>Temp <input type="checkbox"/>Model</p> <p>Duration of Hrs per year: _____</p> <p>Required Hrs per Wk: _____</p> <p>New Position Maximum: _____ <input type="checkbox"/>HR <input type="checkbox"/>MTH</p> <p>Max. Vehicle Allowance: _____</p>

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	BUDGET MANAGEMENT DEPARTMENT- BUDGET SERVICES AND PLANNING	
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 HRRM Approval: _____

Signature _____ Date _____