

To be completed by department head/chair

Department: _____ Current Job Title: _____

Position Control #: _____ Incumbent: _____

Instructions: Check proposed change(s) and complete appropriate section(s) below. Proposed Change:

- A. Job Title B. FTE Change C. Minor Job Descr. Change D. Major Job Descr. Change/Salary Grade Review
- E. Position Control Change

A. JOB TITLE CHANGE

Proposed Title: _____ Effective Date: _____

- Approved Approved with change noted Not approved

B. FTE CHANGES

Attach written justification to address reasons for change (changes in work load, external forces, etc.) and describe existing and proposed schedules.

Current Annual FTE: _____ Proposed Annual FTE: _____ Effective Date: _____

Proposed Schedule: # of Weeks: _____ Hours per Week: _____

Financial Impact and additional comments *(to be completed by Budget Director)*:

- Approved Approved with change noted Not approved

C. MINOR JOB DESCRIPTION CHANGE

Attach new and old descriptions and highlight change(s). No change in salary grade classification is anticipated.

Reason for Change: _____

D. MAJOR JOB DESCRIPTION CHANGES/SALARY GRADE REVIEW

Part 1 Department Head *Attach the following:*

- Current and proposed job description.
- Written justification including any impact on other positions.

Current Grade: _____ Proposed Grade: _____ FTE: _____

Part 2 Human Resources Review *(to be completed by Human Resources)*

Results of Review: No change in grade New grade assignment: _____

E. POSITION CONTROL CHANGES regularize position cancel position FLSA Change Other

Reason for Change: _____

Funding Changes: *(Detail new FOAPAL funding source)* _____ *New Position Control Number:* _____

REQUIRED SIGNATURES

	<i>Date</i>		<i>Date</i>
<i>Department Head</i>		<i>Budget Director (if applicable)</i>	
	<i>Date</i>		<i>Date</i>
<i>Senior Administrator</i>		<i>Human Resources Approval</i>	