POSITION MODIFICATION REQUEST

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

Department Head Date Budget Director (if applicable) Date

Senior Administrator Date Human Resources Approval Date

Return original form to: Human Resources, 30 Belmont Avenue

Rev. March. 2011