

Personnel Change Request Form Outside of Budget Process

This form does not replace the annual budget request process. Complete this form to request any personnel change that may have a financial impact, including changes to position control, funding, days in calendar, number of hours, immediate position need, title changes, etc.

A job description and anticipated funding (general budget, ESSER, state grant XYZ, etc.) are required before submitting.

Requestor Details		Request Date	
Requestor		Effective Date of Change	
New Position Title		•	Pay Grade
Location	Days in Calendar		Hours per Day
Position Group Administra	tor Certified	Classific	ed
Please select one of the following	; :		
Existing Position replaced with different position (1 existing for 1 new)			
Change to an existing position or position funding (Ex. 200 days to 220 days)			
New Position (not budgeted) New Position Calendar			
Position Overlap ONLY Duration of			o
Number of positions needed Full-time or Part-time			
Reason for Personnel Change (Include how the position will be funded)			
	•		,
Anticipated Funding Type	General (GP) F	ederal	Other
	` '	Year Only	Until Funds Expire
An approved job description is attached to this request.			
Department Chief Signature Date			
Department Chief Signature			
Business Affairs Review			
	Existing Posit	tion Details	New Position or Change Details
Position Title			
Job Class			
Days in Calendar			
Location			
Pay Grade			
Hours per Day			
Funding			
CFO/Designee Signature			Date
Human Resources Review			
Date Created:	PC#(s) Created:		
PC#(s) Changed:	PC#(s) Replaced:		
Comments:			
CHRO/Designee Signature			Date