

## 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)			
Position Overlap ONLY Duration of Overlap (Ex. 2 weeks)			
Number of positions needed (Ex. 3 full-time, 1 .5 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 req	uired and must be	included with th	ie request.
Department Chief Signature			Date
Business Affairs Review			
	<b>Existing Posit</b>	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
<b>Human Resources Review</b>			
Date Created:	PC#(s) Created:		
PC#(s) Changed:	PC#(s) Replaced:		
Comments:			
CHDO/Docignoo Signatura			Data