



Position Change & Budget Approval

Please clearly print or type all information in Sections 1-3. Attach a justification memo.

Section 1: Current Position/Employee Information (Required Information for all changes)

Current Title _____ Pay Grade _____

Current Incumbent Name _____ Datatel ID # _____

Vacant Position Replaces: _____ Datatel ID # _____

Current Account # _____ Current % Time (FTE) _____

Current Department _____ Supervisor _____ Phone _____

Section 2: Change Information - Check all that apply

<input type="checkbox"/> New Position	<input type="checkbox"/> Account # Change
<input type="checkbox"/> Reclassification (Title & Pay Grade Change)	<input type="checkbox"/> Employee Reassignment
<input type="checkbox"/> Title Change Only	<input type="checkbox"/> Position Transfer
<input type="checkbox"/> Pay Grade Change Only	<input type="checkbox"/> Hourly Conversion
<input type="checkbox"/> Percent Time Change (FTE)	<input type="checkbox"/> Pay Station
	<input type="checkbox"/> Other Change _____

Complete all the following information that is different from Section 1 information:

New Title (Requested) _____ New Pay Grade (Requested) _____

New Account # _____

New % Time (FTE) _____ (Note: Change in % Time may affect employee benefits status.)

New Department _____ Other _____

New eTime Supervisor _____ Phone _____ Email _____

New Funding Source _____

New Pay Station CYP EVC HBC NRC PIN RGC RRC RVS SAC Other _____

Section 3: Departmental Request and Approval

Requested by (Print or Type) _____ Phone _____

Name of Supervisor of Position: _____

Budget Authority Approval: _____
Signature _____ Date _____ Phone _____

AVP/VP Approval: _____
Signature _____ Date _____ Phone _____

To ensure accuracy, complete all information and attach an explanation for the change request prior to AVP/VP approval. When approved, forward this form and any attachments to Compensation Manager—HR, HBC.

Section 4: For HR Use Only

Current Title:				
Pay Grade	Midpoint	% Time	Classification <input type="checkbox"/> Classified <input type="checkbox"/> Prof/Tech <input type="checkbox"/> Admin <input type="checkbox"/> FT Faculty	Position #
New Title:				
Pay Grade	Midpoint	% Time	Classification <input type="checkbox"/> Classified <input type="checkbox"/> Prof/Tech <input type="checkbox"/> Admin <input type="checkbox"/> FT Faculty	Position #

Classified changes become effective on the beginning of a biweekly pay period.

Actual Effective Date of Change: _____

HR Compensation/Date _____

Date to Business/Grant Office _____

Grants Accounting Office Approval _____ Date _____ Grant Funded Through _____

Business Office Approval _____ Date _____

HR Records/Date _____ Staffing Table Board Action New PA Created New Employment Requisition (If vacant) JD in eHire Title on Master Chart Email Notification of Change Updated on Web