



Position Update/Change Form

New Position
 Update Existing Position
 Delimit/ End Position

Agency Name:

Effective Date:

1. Position Title:	2. Position Number:
3. Working Title:	4. Job Class:
5. Org Name:	6. Org Number:
7. Employee Group:	8. Employee Subgroup:
9. Agency #:	10. Personnel Subarea:
11. Budgeted: <input type="checkbox"/> YES <input type="checkbox"/> NO Fund: App Index: Program Index: Project: Sub-Object:	
12. Retirement Eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. City:	14. State:
15. County:	
16. Authorization	
Date:	Prepared By:
Phone number:	
Comments:	
Approved By:	Date:

Position Change Form Instructions:

1. Position Title- The true title of this position.
2. Position Number- This can be the long number or the short number.
3. Working Title- If the working title is different than the position title.
4. Job Class- The job class code.
5. Organizational unit- Org unit name that the position is in.
6. Organizational unit number- Org number that the position is in
7. Employee Group- Where you can indicate if the position is perm, temp, seasonal, etc.
8. Employee Subgroup- indicate if the position is OT exempt, OT elig, hourly, Monthly, etc.
9. Agency #: Your four digit agency number
10. Personnel Subarea-
11. Budgeted- Are you currently funded for this position.
12. Retirement Eligible- Is this position retirement eligible.
13. City- What city is this position located in.
14. State- What state is this position located in.
15. County- What county is this position located in.