

# POSITION ACTION REQUEST FORM

**DATE PREPARED**

**TRACKING #**

**SCD CODE**

**SCD TITLE**

**HOME ORG CODE**

**HOME ORG TITLE**

**POSITION CLASS CODE**

**POSITION CLASS  
TITLE**

**POSITION #**

**REPLACING**

TO POST	ACADEMIC	TENURE TRACK	NEW	FULL TIME	SUBSIDY	TEMPORARY RECLASSIFICATION				
TO CREATE	NON-ACADEMIC	NON-TENURE TRACK	OLD	PART TIME	9 MONTH	PERMANENT RECLASSIFICATION				
TO CHANGE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">POOLED</td> <td style="width: 50%;">YES</td> </tr> <tr> <td></td> <td>NO</td> </tr> </table>	POOLED	YES		NO			TEMPORARY	12 MONTH	
POOLED	YES									
	NO									

## POST POSITION

CHECKLIST OR DESCRIPTION ATTACHED    YES    NO  
(PLEASE ATTACH DESCRIPTION / CHECKLIST)

APPT %

REFER APPLICANTS TO

ADDRESS

PHONE

## CREATE POSITION

BUDGET FTE

END DATE

ANNUAL SALARY BUDGET

### IF BUDGET REQUIRES CHANGE FROM APPROVED BUDGET AMOUNT

POSITION

INCREASE

DECREASE

ANNUAL SALARY BUDGET

FROM

TO


## POSITION LABOR DISTRIBUTION

INDEX

FUND

ORGANIZATION

ACCOUNT

PROGRAM

SALARY BUDGET

PERCENT

**BUDGET CHANGE POSITION ATTRIBUTES**

ACTIVE      INACTIVE      CANCELLED      FROZEN

STATUS FROM

STATUS TO

FROM

TO

POSITION CLASS CODE

POSITION CLASS TITLE

HOME ORGANIZATION CODE

POSITION BUDGET FTE

ANNUAL BUDGET SALARY

**IF BUDGET AMOUNT CHANGES FROM FUNDED AMOUNT**

**ANNUAL SALARY BUDGET**

POSITION

INCREASE

DECREASE

FROM

TO


**CURRENT POSITION LABOR DISTRIBUTION**

INDEX

FUND

ORGANIZATION

ACCOUNT

PROGRAM

SALARY BUDGET

PERCENT

**NEW POSITION LABOR DISTRIBUTION**

INDEX

FUND

ORGANIZATION

ACCOUNT

PROGRAM

SALARY BUDGET

PERCENT

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**COMMENTS**

**ORGINATOR**

NAME                                      PHONE                                      DEPT

**SIGNATURE**

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DEAN / DIRECTOR / EXECUTIVE OFFICER

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DATE

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PROVOST OR CLASSIFICATION & COMPENSATION

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DATE

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BUDGET / PERSONNEL PROCESSING & RECORDS

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DATE