

Staff Position/Transaction Form

STEP I – IV TO BE COMPLETED BY DEPARTMENT AND BUDGET OFFICE

Step I – Position Information

Transaction and Employee Type					
Transaction Type: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Acting Appointment <input type="checkbox"/> Reclassification <input type="checkbox"/> Work Hours Adjustment					
Position Classification: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem					Employee ID #:
Employee Name:		Current Title:		Current Position #:	
Department Information					
Proposed Title:		Department:		Unit/School:	
Campus:		Work Location:		Salary Table/Grade:	
Effective Date:					
Work Schedule			Organizational Codes		
Dates Needed:	From	To	Hours per day:	Home Org #:	Cashier Code:
Daily Work Schedule:	From	To	Hours per week:	Timesheet (Dist Org #), if different:	

Step II – Prepare Justification Package

<input type="checkbox"/> Job Description	<input type="checkbox"/> Organizational Chart	<input type="checkbox"/> Justification Memo	<input type="checkbox"/> Position Information Questionnaire
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Step III – Contact Information and Approvals

Requestor:	Signature:	Date:	Extension:
Dept. Admin/Chair:	Signature:	Date:	Extension:
Dean or VP:	Signature:	Date:	Extension:

Step IV – Budget Information

Maximum Amount:	Index/Allocation %:	1.	2.	3.	4.
American Recovery and Reinvestment Act (ARRA) - Stimulus Funding:	Amount:	1.	2.	3.	4.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fund:	1.	2.	3.	4.
	Approved by:	1.	2.	3.	4.

STEP V – VII TO BE COMPLETED BY HUMAN RESOURCES

Step V – Position Information

Class Code:	Class Title:			Position #:
Table/Grade:	Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem			
Salary Range/Hourly Rate:	Min.	Mid.	Max.	FTE:
Employee Class Hours:	Shift Earnings Code:	Union:	Pension Plan:	
Approved by:	Signature:		Date:	

Step VI – Employee Identification

Posting Date:	Posting #:	Employee Name:	Employee ID #:
Approved by:		Signature:	Date:

Step VII – Staff Transaction Information

Salary/Hourly Rate:	Step:	Employee Class Code:	Leave Category Code:
Effective Date:	Probation Period:	Probation End Date:	Annual Review Date:
<input type="checkbox"/> Acting Appointment	<input type="checkbox"/> Demotion	<input type="checkbox"/> Promotion	<input type="checkbox"/> Rehire
<input type="checkbox"/> Adjust/Correct	<input type="checkbox"/> Lateral Transfer	<input type="checkbox"/> Recall	<input type="checkbox"/> Rehire from Layoff
<input type="checkbox"/> Bump	<input type="checkbox"/> New Hire	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Return from Acting Appt.			
<input type="checkbox"/> Status Change			
<input type="checkbox"/> Work Hours Adjustment			
Please provide Hours Per Week for FTE less than 1.0:			