

# POSITION CHANGE REQUEST FORM

1. Department Name/ORG Code: \_\_\_\_\_
2. Reason for the Request:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Position Requested      | <input type="checkbox"/> Decrease the Budget Maximum        | <input type="checkbox"/> GL ORG. Key Change   |
| <input type="checkbox"/> Increase the Budget Maximum | <input type="checkbox"/> Department Reorganization          | <input type="checkbox"/> Division Change      |
| <input type="checkbox"/> Position Title Change       | <input type="checkbox"/> End Position ( <i>Date</i> ) _____ | <input type="checkbox"/> JL Key Change        |
| <input type="checkbox"/> Transfer Position           | <input type="checkbox"/> Restructure Position/Job Duties    | <input type="checkbox"/> JL Object Change     |
|  | <input type="checkbox"/> Ledger Code Key Change             | <input type="checkbox"/> Car Allowance Change |

Position Requested Effective Date (<sup>1</sup> See NOTE below): \_\_\_\_\_

Grant Effective Date (If applicable): \_\_\_\_\_ to \_\_\_\_\_

If all changes listed apply to multiple positions, you may list on the back, all position numbers to which the changes apply.

3. Current Position Title (If Applicable): \_\_\_\_\_

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Current Position Number: \_\_\_\_\_

Ledger Code: \_\_\_\_\_

GL Key: \_\_\_\_\_

Division: \_\_\_\_\_

JL Key: \_\_\_\_\_

JL Obj: \_\_\_\_\_

Pos Stat: Reg 32+ Reg 32- PT Temp Model

Duration of Hrs per year: \_\_\_\_\_

Required Hrs per Wk: \_\_\_\_\_

Budget Maximum: \_\_\_\_\_ HR MTH

Max. Car Allowance: \_\_\_\_\_

4. New Position Title: \_\_\_\_\_ Number of positions \_\_\_\_\_

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New Position Number  
(Auditor Use Only): \_\_\_\_\_

Ledger Code: \_\_\_\_\_

GL Key: \_\_\_\_\_

Division: \_\_\_\_\_

JL Key: \_\_\_\_\_

JL Obj: \_\_\_\_\_

Pos Stat: Reg 32+ Reg 32- PT Temp Model

Duration of Hrs per year: \_\_\_\_\_

Required Hrs per Wk: \_\_\_\_\_

New Budget Maximum: \_\_\_\_\_ HR MTH

Max. Car Allowance: \_\_\_\_\_

**IF APPLYING FOR A NEW JOB TITLE (a title not previously used in the department), ATTACH A JOB DESCRIPTION WHICH DEFINES: MINIMUM QUALIFICATIONS; JOB DUTIES; SUPERVISORY REQUIREMENTS AND JOB HEIRARCHY (what position does the job report to and what department jobs are equivalent/similar in responsibility). If job title has previously been used DO NOT attach a job description.**

Requested By: \_\_\_\_\_  
Department Head or Designee Date

### APPROVALS

Job Title Assigned (HRRM): \_\_\_\_\_ EEOC Code: \_\_\_\_\_

Job Code Assigned (HRRM): \_\_\_\_\_ WC Code: \_\_\_\_\_ Census Code: \_\_\_\_\_

Date Approved by Commissioners Court or applicable Board (if required): \_\_\_\_\_

<sup>1</sup>NOTE: Upon Commissioners Court or Board approval, the information is to be forwarded to the County Auditor – Payroll Department for recording in the County's Payroll System. The position change will be effective on the latter of the first day of the pay period following approval or date requested.

\_\_\_\_\_  
Management Services Date

\_\_\_\_\_  
County Auditor Date

Position changes contained on this form will **NOT** be recorded in the County's Payroll System unless signed as approved by the County Auditor.