



### POSITION CHANGE REQUEST FORM

Instructions: Complete designated portion, "Save As" and email to HR

Last Name: (or indicate vacant)	First Name:	MI:	Department:
---------------------------------	-------------	-----	-------------

Position Control Number(s):

Identify the funding source and amount to account for the increase in pay (include org/object).  
*Please note that a budget amendment requiring council action may be necessary should this request be approved.*

Current Job Title:	Current Pay Grade: (as noted in pay plan) Min. \$                  Mid. \$                  Max. \$
--------------------	--

Requested Job Title:	Requested Pay Grade: (as noted in pay plan) Min. \$                  Mid. \$                  Max. \$
----------------------	--

Describe what has caused the need for the department to have the requested position instead of the current position (e.g., organizational changes, assignment of new tasks to department, increase in specific workload, etc.). Are these changes anticipated to be temporary or long term, and why?

Please explain why the condition or change described above cannot be met by the reassignment of duties among the employees in the department's existing positions.

Describe and provide any workload or data that supports the requested position change.

