

Position Change Form

Current Employee Name	
Current Position Title	
Date of Request	
Request Change Initiator	

Position Change	New	Backfill	Update Data	Transfer	Elimination	Wage	Status	Title
Reason for Request								

Requested Title Change					
New Classification	Full-Time	Part-Time	Exempt	Non-Exempt	N/A
New Wage Requested for Review				Percent change:	
New Job Description Received?					
Changes to Essential Functions?					
New Title Request Approved? (HR)					
New Manager/Title/Dept (transfer)					
Current Manager/Title/Dept					

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For Human Resources

Financial Impact Details	
Effective Date of Change	

CFO Approval Information	
If Denied, Reason and/or Suggestion	

<b>HR</b>	
<b>Information Regarding:</b> - Analysis Review - Approval or Denial of Request - Suggestion of Adjustment to Request	

**CFO** \_\_\_\_\_

Date: \_\_\_\_\_

**Cabinet Member** \_\_\_\_\_

Date: \_\_\_\_\_

**HR** \_\_\_\_\_

Date: \_\_\_\_\_