

# Position Action Request Form

<b>Request Date:</b>		<b>Effective Date:</b>	
<b>Fill:</b>	<b>Cancel:</b>	<b>Establish:</b>	<b>Temp Promotion:</b>
<b>Reassign/Transfer:</b>	<b>Demotion:</b>	<b>Reinstatement:</b>	

## Position Information

Existing Position	New Position
<b>Title:</b>	<b>Title:</b>
<b>Position Code:</b>	<b>Position Code:</b>
<b>Dept Name:</b>	<b>Dept Name:</b>
<b>Fund/Dept:</b>	<b>Fund/Dept:</b>
<b>Salary/Range:</b>	<b>Salary/Range:</b>

## Employee/Applicant Information

<b>New Hire:</b>		<b>Rehire:</b>		<b>Orientation/Start Date:</b>	
<b>Employee/Applicant Name:</b>			<b>Employee #:</b>		
			<b>Phone #:</b>		
<b>Supervisor:</b>			<b>New Supervisor (if applicable):</b>		
<b>Comments:</b>					

<b>Department Head/Designee Printed Name:</b>	<b>Title:</b>	<b>Date:</b>
<b>Department Head/Designee Signature:</b>	<b>Budget Approval Signature:</b>	<b>Human Resources Approval:</b>

### For HR Use ONLY: Please do not write below this line

<b>SSN:</b> _____	<b>Orientation:</b> PFT (AM) ___ PPT/WAE (PM) ___ N/A ___
<b>DOB:</b> _____	<b>Drug Testing Required:</b> Y ___ N ___
<b>Police and Fire Hires Only:</b>	
<b>Height:</b> _____ <b>Eye Color:</b> _____	<b>HR Associate's Initials:</b> _____
<b>Weight:</b> _____ <b>Hair Color:</b> _____	<b>Date Entered:</b> _____