

Department Request for Position Modification/Addition

Request Date: _____ Date last filled: _____ Why Vacated: _____
New Position: _____ Change of Functionality: _____ Change of Funding: _____ Post 12+ Month Vacant: _____

Current information

Cabinet (if applicable): _____ Department Name: _____
Department Number: _____ Unit Number: _____ Position Number: _____
Unit Description: _____
Current Title: _____ Title Code: _____
Budgeted Annual Salary: _____
Position FLSA: _____ NE _____ EX _____ Civil Service Status: _____
Fund Source(s): include percentages if split funded.
General/Lottery _____ Special/State Road _____ Federal _____

Proposed changes if applicable

Unit Number: _____ Unit Description: _____
Proposed Title: _____ Title Code: _____
Estimated Annual Salary: _____
Position FLSA: _____ NE _____ EX _____ Civil Service Status: _____
Fund Source(s): include percentages if split funded.
General/Lottery _____ Special/State Road _____ Federal _____

Position/Unit this position will report to: _____
Title: _____ If Filled, supervisor name: _____

If a new position, is there another position that could be exchanged? _____
Has the position been posted? Y/N _____ if yes and DOP, posting number: _____
if yes, have interviews been held? Y/N _____ if yes, date(s): _____
if yes, has an offer been made? Y/N _____ Estimated Start Date: _____
if yes, is a transaction in workflow? Y/N _____ if yes, transaction number: _____

Brief justification for the position change/why it needs filled, including program/mission position supports:

Approval at Department/Org:

Name: _____ Title: _____
Signature: _____ Date: _____

Approval at Cabinet (if applicable):

Name: _____ Title: _____
Signature: _____ Date: _____

Date Received by State Budget Office: _____

Date Reviewed by Committee: _____ Approved _____ Denied _____