

Change a Position

Employee Name:	Empl ID:	Empl Rcd#:
Business Unit:	Department:	

Description

Position Information

Position Number:

Effective Date: mm/dd/yyyy

Reason: Action: **Position**

Job Information

Business Unit:

Job Code: Full/Part Time: (For health insurance premium determination.)

Title Description:

Empl Class: Continuity: Duration: to
mm/dd/yyyy mm/dd/yyyy

Pay Basis:

Work Location

Department:

Location:

Salary Plan Information

Standard Hours: 00.00

FLSA Status:

Specific Information

Max Head Count:

Name: _____ Signature: _____ Date: mm/dd/yyyy

For Office Use Only

Update Completed for Position Number: _____

Processed By: _____ Date: _____