SALARIED POSITION REQUEST FORM

I. CHECK ONE:

_____ ALLOCATION _____ REALLOCATION _____ REVISION _____ ABOLISHMENT

II. COMPLETE THIS SECTION FOR ALL REQUESTS:

EFFECTIVE DATE: _____ DEPT. # _____ POSITION # _____

JOB TITLE: Current: _____ New: _____ JOB CODE: Current: _____
New: _____

IMMEDIATE SUPERVISOR'S POSITION #_____

INCUMBENT NAME (OR VACANT): _____

III. COMPLETE THIS SECTION IF THE POSITION IS AN ALLOCATION OR THERE HAS BEEN A CHANGE IN SUPERVISION.

IS THIS A SUPERVISORY POSITION? ___YES ___NO

LIST JOB TITLES AND POSITION NUMBERS SUPERVISED BY THIS POSITION:

JOB TITLE	POSITION NUMBER

IV. ATTACH THE FOLLOWING:

_____ GENERIC PMF LISTING JOB DUTIES

_____ ORGANIZATIONAL CHART WITH JOB TITLES AND POSITION NUMBERS

V. COMPLETE THIS SECTION IF THIS IS A REALLOCATION OR A REVISED JOB DESCRIPTION:

WHAT IS THE NATURE OF THE CHANGE IN THE JOB (i.e. Change in supervision, position requires specialized skill or training, change in critical responsibilities)?

HOW DID THIS CHANGE OCCUR (i.e. increase/decrease of internal/external customers, change in number of staff supported, change in number of crises)?

VI. APPROVAL

_____ _____
Program Supervisor Signature Date

_____ _____
Clinical Dir. of MH/AD or Dir. of DD Serv. Date

_____ _____
Executive Director Signature Date