



California State University, San Bernardino
POSITION MANAGEMENT REQUEST FORM

Requested By: _____

Date: _____

TYPE OF REQUEST

<input type="checkbox"/> New Position			
<input type="checkbox"/> Salary Budget Reconciliation Only	Reason:		
<input type="checkbox"/> Update Position (Select all that apply)	<input type="checkbox"/> Temp to Perm	<input type="checkbox"/> Part-time/Full-time	<input type="checkbox"/> Job Code/Classification
	<input type="checkbox"/> Grade/Range	<input type="checkbox"/> Check-Sort Unit	<input type="checkbox"/> HR Dept ID
	<input type="checkbox"/> PS Chartfield	<input type="checkbox"/> Reports To	

POSITION INFORMATION

Position Number:	Effective Date:	HR Department ID:	<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary
Job Class Code:	Job Class Code Title:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Grade/Range:	Step:	FTE:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
Check Sort Unit:	Primary Fund:	Business Unit: SBCMP		
PS Chartfield String:	Account:	Fund:	Department ID:	Class:
Reports To (Absence Management Approver)	Name:	Position Number:		
<input type="checkbox"/> MPP Request (Administrator Position)	MPP Working Title:	MPP Code:		

SALARY BUDGET RECONCILIATION

Please explain how this position will be funded for both current year **and** on an ongoing permanent basis.

Current Year Salary Information

No Impact to Funding

Sufficient Funds Available

Please Provide Explanation:

Additional Funding Needed (Salary Budget Amendment to be completed)

Salary Budget Amendment				Amount:	
From:	Account:	Fund:	Department ID:	Class:	Project:
To:	Account:	Fund:	Department ID:	Class:	Project:

Permanent Salary Information

No Impact to Funding

Sufficient Funds Available

Please Provide Explanation:

Additional Funding Needed (Salary Budget Amendment to be completed)

Salary Budget Amendment				Amount:	
From:	Account:	Fund:	Department ID:	Class:	Project:
To:	Account:	Fund:	Department ID:	Class:	Project:

ADDITIONAL NOTES/COMMENTS

APPROVAL

Name:	Signature:	Date:	Extension:
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