



California State University, San Bernardino
POSITION MANAGEMENT REQUEST FORM

Requested By: _____

Date: _____

TYPE OF REQUEST

New Position

Salary Budget Reconciliation Only

Reason:

Update Position (Select all that apply)

Temp to Perm

Part-time/Full-time

Job Code/Classification

PS Chartfield

Grade/Range

Check-Sort Unit

HR Dept ID

Reports To

POSITION INFORMATION

Position Number: _____

Effective Date: _____

HR Department ID: _____

Regular

Temporary

Job Class Code: _____

Job Class Code Title: _____

Full-Time

Part-Time

Grade/Range: _____

Step: _____

FTE: _____

Exempt

Non-Exempt

Check Sort Unit: _____

Primary Fund: _____

Business Unit: SBCMP

PS Chartfield String: _____

Account: _____

Fund: _____

Department ID: _____

Class: _____

Project: _____

Reports To (Absence Management Approver) _____

Name: _____

Position Number: _____

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: _____