

Position Management Committee Request Form

Date of Proposal:				
Position Title	Pay Plan	Occ. Code (Series)	Grade Level	Organizational Code
The position is: <input type="checkbox"/> New <input type="checkbox"/> Existing		Is there a current PD? <input type="checkbox"/> Yes <input type="checkbox"/> No PD# _____		Is classification requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Proposed Request:				
Provide Request Justification/Ramifications: (Provide background and rational describing need for request and ramification if no action is taken)				
How are FTEs affected?				
Projected Effective Date of Action: _____				
Submitted by: (Supervisor's Name)		Division Chief Approval:		
For PMC Use				
Approved for: (check all that apply) <input type="checkbox"/> Accretion of Duties Promotion <input type="checkbox"/> Classification <input type="checkbox"/> Recruitment <input type="checkbox"/> Fill		Proposal: <input type="checkbox"/> Denied <input type="checkbox"/> Placed on hold		Moving expenses: <input type="checkbox"/> Authorized (Full) <input type="checkbox"/> Not Authorized
Notes:				