

Position Management Committee Proposal 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	Is classification required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe Proposed Action:				
Provide Action Justification: (Provide background and rational describing need for action)				
What are the major ramifications of not taking proposed action?				
How are FTEs affected?				
Projected Effective Date of Action: _____				
For Recruitment Actions: Advertise: <input type="checkbox"/> Merit Promotion <input type="checkbox"/> DEU <input type="checkbox"/> Detail/Temporary Promotion <input type="checkbox"/> Open period: ___ days <input type="checkbox"/> Wounded Warrior Program				
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 <input type="checkbox"/> Not Authorized		
Notes:				