***Position Management Form***

**POSITION RECLASSIFICATION REQUEST**

***Once completed, please email electronic version of document to***

**pmf@ihis.org**

**1.** **Position #:** Enter position # **Dept ID:** Enter Dept ID **Effective Date:** Enter effective date of reclass.

Has PSC Confirmed Position Classification: Yes

If YES, attach PSC Classification Decision.

**2**. **Previous Classification**

Position Classification: Enter text Job Code: Enter code Union: Choose Union Type Position Working Title: Enter text Is position currently occupied: No

If Yes, Current Incumbent Name: Enter incumbent name.

Current Rate of Pay: Enter $/hr Current Position Budget: Total position cost

**3**. **New Classification**

Position Classification: Enter text Job Code: Enter code Union: Choose Union Type

Position Working Title: Enter text

New Rate of Pay: Enter $/hr New Position Budget: Total position cost

**Net Cost of Reclassification:** Change in position cost

**Source of Funding/Savings:** Enter combo code **Account Balance:** Enter $ balance of account

**Estimated Cost of Retroactive Pay (if applicable):** Enter retro pay estimate

**4.** **Funding Details/Additional Comments:**

Enter any further details on position reclassification.

1**)** Input Department Manager Name Click to enter a date

**Reviewed by Department Manager Date**

**2)** Input Fiscal Analyst Name Click to enter a date

**Reviewed by Fiscal Analyst Date**

**3)** Input HR Manager Name Click to enter a date

**Reviewed by HR Department Representative Date**

**4)** Input Executive Director Name Click to enter a date

**Authorized by Dept. Executive Director Date**

**5)**      **Approved by Chief Financial Officer Date**