

POSITION MANAGEMENT ACTION

This form is utilized to document the recommendation and approval for reclassification of an existing position or the establishment of a new position as provided for in Section 3.3 of the University Personnel Policy and Procedures Manual. The form is originated in the Department of Human Resources and is subject to approval/disapproval by designated offices. Copies of this form will be provided to appropriate offices by Human Resources after approval.

Date Request Received: _____

ORGANIZATION : _____ DEPARTMENT : _____

ADMINISTRATOR : _____ DEPARTMENT HEAD : _____

CURRENT DATA: Job Class #: _____

Position #: _____

Incumbent

Job Title

Grade

FLSA

Employee Group

RECOMMENDATION: ☐ Reclassify the Position ☐ Establish a New Position _____ Recommended Effective Date

NEW DATA: Job Class #: _____ Position #: _____ Job: New ___ Old ___

Incumbent

Job Title

Grade

FLSA

Employee Group

The current year budgeted rate for this position is \$ _____ per year, funded as follows:

_____ \$ _____ Year

_____ \$ _____ Year

The recommended new rate for this position is \$ _____ per year, funded as follows:

_____ \$ _____ Year

_____ \$ _____ Year

NOTE(S) FOR THE SUPERVISOR:

☐ The incumbent is qualified for the reclassified position - please submit a PAF, with a copy of this HR-35 form attached to make these changes.

☐ Complete the HR-106 "Position Vacancy Notice" form and send to Human Resources along with a copy of this HR-35 so that proper recruiting and referral can begin. Any new employee for this position will start at a salary rate to be determined by Human Resources. Salary range for the new position grade is minimum \$ _____ P.A.; midpoint \$ _____ P.A.; maximum \$ _____ P.A.

☐ Minimum qualifications for this job are _____.

☐ The employee group for the position is exempt ___ non-exempt ___. Please see reverse side for information.

☐ This position is approved for a promotion and the incumbent must complete the selective service registration certification on the reverse side of this form. This certificate must accompany the turn-around PAF.

REMARKS:

_____/_____
Darwin D. Liverance, Asst VP Date
Department of Human Resources

_____/_____
University Administration Date

(_____) Approved, effective _____
Date

(_____) Disapproved

Employment Categories**FLSA**

University Staff
Administrative and Professional

Non-exempt
Exempt

Employment Policy & Benefits**Non-exempt****Exempt**

Parking zone decal	B zone	A zone
Annual leave carryover	Per-schedule	*40 days/year
Annual leave carryover (10 + years)	*40 days/year	*40 days/year
Sick leave accrual	*12 days/year	*12 days/year
Time sheets required	Yes	No
Paid overtime after 40 hours/week	Yes	No

Employees reclassified from exempt to non-exempt may retain their exempt status benefits.

* Based on full time employment.

Selective Service Registration Certification

SAMPLE

Name _____

Address _____

City _____ Zip Code _____

State _____

Phone _____

SSN _____

I certify that I comply with the provision of the United States Military Selective Service Act (50 U. S. C. App. 455) by having registered with the Selective Service Board or that I am not required by law to register.

Date

Signature