

**NEW POSITION REQUEST FORM**

DEPARTMENT OF EDUCATION
Office of Human Resources
Classification & Compensation Section
P.O. Box 2360 Honolulu, HI 96804

This form is for new positions only. Attach authorization document and the following forms as applicable: Position Description Approval (DOE OHR 200-001), Report of New Duties (DOE OHR 200-004), organizational chart, selective certification and Request to Fill. Requests for classified positions should be submitted to OFS, Budget Preparation Section, and requests for certificated positions should be submitted to OHR, Classification and Compensation Section.

Pseudo #: _____ Position #: _____

FOR OHR/CCG USE ONLY - Classification Action

Authorized Job Code: _____ School Level Generic Position Code: _____

Class Title: _____ Pay Range (Pay Rate if exempt): _____

Bargaining Unit (and Exclusion Codes if applicable): _____ Effective Date: _____
MM/DD/YYYY

I. POSITION INFORMATION**a. Position Location**

Division/District: _____ Branch/Complex Area: _____

Section/Complex: _____ Unit/School: _____

b. Type of Position (check one): Classified: ☐ Civil Service ☐ Support Services Personnel ☐ Exempt
Certificated: ☐ Teacher ☐ Educational Officer

c. Job Code: _____ School Level Generic Position Code: _____

Class Title: _____ Pay Range (Pay Rate if Exempt): _____

Bargaining Unit (and Exclusion Codes if applicable): _____ Effective Date: _____
MM/DD/YYYY

d. Position Status (check one): ☐ Permanent ☐ Temporary (see III. c. below); Initial NTE: _____
MM/DD/YYYY

e. Requested FTE (check one): ☐ 1.00 ☐ 0.75 ☐ 0.50 ☐ Other: _____

NOTE: For bargaining unit purposes, submit a detailed justification if less than 0.50 FTE.

f. Warrant Distribution Code: _____

II. POSITION CHARACTERISTICS

a. Selective Certification: ☐ No ☐ Yes; Please Specify (Attach request): _____

b. Legal Basis for Exemption: HRS 76-16B () Supporting Authority: _____

Project Title: _____ NTE Date: _____
MM/DD/YYYY

III. LOCATION AND OTHER CHARACTERISTICS

a. Supervisor Position #: _____

b. Geographic Location Code/Island: _____

c. Consent Decree/Mandated Action: ☐ No ☐ Yes; Please Specify: _____

d. Shortage & Group: ☐ No ☐ Yes; Please Specify: _____

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