



Last Revised: 07/20/2013 Former DOE Form(s): DOE-v1a **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		
	School Level Generic Position Code:	
	Pay Range (Pay Rate if exempt): Effective Date: MM/DD/YYYY	
Bargaining Onit (and Exclusion Codes if applicable).		
I. POSITION INFORMATION		
a. Position Location		
Division/District:	Branch/Complex Area	a:
Section/Complex:	Unit/School:	
b. Type of Position (check one): Classified: Civil Certificated: Teac	Service Support Services ther Educational Offi	
c. Job Code:	School Level Generic Po	osition Code:
Class Title:	Pay Range (Pay Rate if E	Exempt):
Bargaining Unit (and Exclusion Codes if applicable):	Effec	ctive Date:
d. Position Status (check one): Permanent Temp	porary (see III. c. below); Initia	MM/DD/YYYY
	•	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 F	IE.
f. Warrant Distribution Code:		
II. POSITION CHARACTERISTICS		
a. Selective Certification: No Yes; Please S	Specify (Attach request):	
b. Legal Basis for Exemption: HRS 76-16B ()	Supporting Authority:	
Project Title:	NTE Date:	
•	MM/DD/Y	YYYY
III. LOCATION AND OTHER CHARACTERISTICS	_	_
 a. Supervisor Position #: b. Geographic Location Code/Island: c. Consent Decree/Mandated Action: No Ye 	es; Please Specify:	

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Position No:	Class Title:	Job Code:	
IV. JUSTIFICATION/COMMEN	NTS: Establish and Fill		
a. Authorized by Budget Alloc	ocation #: Dated:		
b. Exempt to Civil Service - R	Replaces Position #:	MM/DD/YYYY	
c. Other approval document, a	approved on:	_	
Describe and attach approval:	MM/DD/YYYY		
V. UNIFORM ACCOUNTING C	CODES (UAC): Accounting Section onl	y verifies that the requested UAC exists.	
F APPN D S/D O	DBJECT FUNC PROJ Total=100	BUDGET PROG ID	
F APPN D S/D O	DBJECT FUNC PROJ Total=100	PROG ID	
E E			
VI. CERTIFICATIONS			
Supervisor Signature:		Name/Title:	Date:
CAS/AS/Superintendent Signatur	ıre:	Name/Title:	Date:
			MM/DD/YYYY
VII. FOR BUDGET OFFICE US a. Is position budgeted in B&F's	<u> </u>	b. Legal authority:	
c. B&F Program ID/Org code: _		d. B&F Means of Finance:	
VIII. REVIEW AND AUTHORIZ	ZATION		
Budget Preparation:	Zillion	Da	nte:
	Print name	Signature	MM/DD/YYYY
Accounting:	Print name	Da	MM/DD/YYYY
Management Support Services:		Da	nte:
Classification & Compensation:	Print name	Signature Da	MM/DD/YYYY nte:
-	Print name	Signature	MM/DD/YYYY
Action Approved Superintendent of Education:		D	nte:
Superintendent of Education: Signat			MM/DD/YYYY