**\*(This form is used for any position changes that have an impact to the budget of $5,000 or more; this form is not required for temporary position changes such as to the PAC, Supervisor, work schedule, or minor FTE changes)**

**DEPARTMENT REQUEST**

|  |  |
| --- | --- |
| Department-Division: Click here to enter text. | Date: Click here to enter text. |
| Position(s) Title(s): Click here to enter text. | Position Control Number(s) PCN: Click here to enter text. |

Please check one box to indicate the primary reason for requesting a change:

|  |
| --- |
| New Position (requires submission of updated org. chart) |
| Re-classification (requires submission of updated org. chart) |
| Status Change (i.e. BC to PX; hourly to salary; |
| FTE Change (permanent increase to budget of $5,000 or more) |
| Other: |

Note: The P100 is not required for the establishment of Long Term Temporary (LTT) or Short Term Temporary (STT) positions.

**Current Position Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Status: Click here to enter text. | FTE: Click here to enter text. | | Hours/Day: Click here to enter text. |
| Hours/Week: Click here to enter text. | Range: Click here to enter text. | | Pay Schedule: Click here to enter text. |
| Posting Account Code (PAC): Click here to enter text. | | | |
| Explain impact to budget **and** reasoning for change (i.e. .30 FTE increasing to 1.0 FTE to accommodate new duties of x, y, z.): | | | |
| Click here to enter text. | | | |
| Dept. Director Approval or Designee: | | Date: | |

**HUMAN RESOURCES APPROVAL**

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| --- | --- |
| Approved Changes: | |
| HRRM Director Approval or Designee: | Date: |

**MANAGER’S OFFICE APPROVAL**

|  |  |
| --- | --- |
| City Manager Approval or Designee: | Date: |