

GENERAL INFORMATION												
Completed By:						Extension			Date Completed:			
Action Requested:	New Position Request Update Vac			ant Position Info.	Trans	er Vacant Position		sition Funding Cha	ion Funding Change		on Reactivate Position	
Effective Date/Term:	Employee Name:					CSUB ID #					Record #	
CURRENT POSITION CONTROL INFORMATION (for all action requests) UPDATED POSITION CONTROL INFORMATION												
Home Dept. Name:				Dept ID:		Home Dept. Name:					Dept ID:	:
Position #:				Temp/Regular:		Position #:				Temp/Regular:	:	
Job Code:		Skill/Range:			Reporting Unit:		Job Code:		Skill/Range:		Reporting Unit:	
Classification Title:				-		Classification Title:		e:				
Working Title:						Working Title:		ə:				
Full Time Salary:	Actual Salary:			Per Month Per Hour		Full Time Salary:		Actual Salary:		Per Month	Per Hour	
Reports to (Name):				Reports to Position #:		Reports to (Name):				Reports to Position #		
FUNDING INFORMATION												
Use this section to identify the funding source(s) from which this position is to be paid.						Monthly		Pay Begin	Pay End	Paytape		
	Fund	Dept ID	Program*	Project/Grant*	Class*	Percent	Salary Amount	Date	Date	Start	End	ר
												-
	*Only if applicable. Th	e use of fund BKRAF	requires a program and	nniect code: the use	of fund BK002 requires	a project code]
*Only if applicable. The use of fund BKRAE requires a program and project code; the use of fund BK002 requires a project code. If funding is to be reallocated from another existing position control line(s), complete this section:												
Reallocate from Position #:	Recent Incumbent Name:					Current PC Max \$	To Reallocate \$			New PC Max \$		1
Reallocate from Position #:	Recent Incumbent Name:					Current PC Max \$		To Reallocate \$		New PC Max \$		
Additional Notes:												
SIGNATURES (REVIEWERS AND APPROVERS)												
Print Name				Signature			Date		Comments			
PI Approval (for grants):												
Dean/Director/AVP Approval:												
Division Budget Lead Review:												
Division VP Approval:												
SPPA Reviewer (for grants):												
SPPA Approver (for grants):												
AVP/Chief Budget Officer:												
Chief Financial Officer												
Human Resources Administrator:												
Positin Control Analyst:												
Submit completed form to the Human Resources Office with the appropriate supplementary documentation for the request.												
For HR Use Only	Create Pool ID		PC Analyst to	ID/Record:		Home Dept:		Pool ID:	Pool ID: PC Max:			
		te Appointment	Complete:	Position #		New:	Existing:	Job Code:	Account	t	DBT:	
Rev. 09/2024 Required Fields For HR Use Only												