

HUMAN RESOURCES POSITION CHANGE REQUEST FORM

Position Changes that CAN be requested using the position change request form

Table with 2 columns: Change type and Description. Rows include: Extend Temporarily Funded Position End date, Eliminate an OPEN position, Change to a position funding type, Create an OU Temporary Overlap position, Change a faculty position title (in certain situations).

Please send completed form with all approvals to Human Resources Office, 5th Floor Eastman Building or scan and email to positioncontrol@rit.edu. Items with a * are required fields.

Detailed instructions related to this form and instructions on how to make other types of position changes are located at: http://finweb.rit.edu/humanresources/forms/positionchangeinstructions.html

EFFECTIVE DATE OF CHANGES*: [Red outlined box]

Section A: CURRENT Information about Position to be Changed or Eliminated
Current Position information can be obtained through the Manager Self-Service report, "Open and Filled Positions"

*Position Control (PC) Number: For Position Elimination, please indicate version:

*Select one: [] Faculty Position [] Staff Position

*Organization:

*Current Position Title:

*Is there currently an incumbent in the position? [] Yes [] No If yes, state name:

Section B: PROPOSED Position Changes

- 1. [] Extend Temporarily Funded Position End Date to: [] (for type OT, SS, CC, OG, OU)
2. [] Eliminate OPEN Position
3. [] Change position funding type from _____ to _____ (Budget Office approval for this change is required)
4. [] Create OU "Temporary Overlap" Position (will be created with the position information stated in Section A)

OU Position Title: []

5. [] Faculty Position Title Change to: []

There are only rare circumstances that faculty titles should change. If you are considering changing a faculty position title, please see the instructions document at: http://finweb.rit.edu/humanresources/forms/positionchangeinstructions.html

Section C: JUSTIFICATION FOR POSITION CHANGE OR ELIMINATION
What is the reason for the change? How are you funding the extension of a temporarily funded position? (Attach additional documentation if needed.)

[Large empty box for justification text]



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*Section D: Approvals and Contact Information		
Submitted by Name:	Submitted by Email:	Date:
Supervisor Signature:		Date:
College or Dept Budget Analyst, if applicable:		Date:
Budget Office (Funding Type Changes and Extension of Position End Dates only)		Date:

Section E: Human Resources Use Only			
FLSA Status	Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/>	IPEDS Category	
EEO Job Group		Census Code	
Job Code		SC Voting Block	
SOC Code			
<input type="checkbox"/> Administrative Faculty <input type="checkbox"/> Executive <input type="checkbox"/> Instructional Faculty <input type="checkbox"/> Managerial	<input type="checkbox"/> Operatives (Semi-skilled) <input type="checkbox"/> Professional/Administrative <input type="checkbox"/> Research Faculty <input type="checkbox"/> Secretarial/Clerical	<input type="checkbox"/> Service/Maintenance <input type="checkbox"/> Skilled Trades <input type="checkbox"/> Supervisor <input type="checkbox"/> Technician	
Position Change processed by: _____ Date: _____			
New Position Combination: _____			
Organization Name: _____			
Department Contacted with Change Information Date: _____			
Person Contacted in Department: _____			