



POSITION DATA SHEET

EMPLOYEE INFORMATION

Employee

Position

Worksite

FTE/Hours per day _____
Days per year

Start Date

REQUIRED SIGNATURES

Changes/requests are not final until required signatures are present and Human Resources notifies supervisor via email.

_____ Supervisor	_____ Date
_____ Executive Director of T & L	_____ Date
_____ Director of Business Services	_____ Date
_____ Director of Human Resources	_____ Date

REASON FOR ACTION

Filling a vacant position to replace _____

Changing **existing** position with incumbent named at left

Change position From FTE/hrs FTE/hrs

Add premium pay Other _____

Effective date of change: _____

Account Code:

1	_____	_____	%
2	_____	_____	%
3	_____	_____	%

Creating a new position

Regular, ongoing position

Temporary, limited term or sub position

Account Code:

1	_____	_____	%
2	_____	_____	%
3	_____	_____	%

Administratively transferring employee to a different position

Current position:		Requesting transfer to:	
Job title	_____	Job title	_____
Location	_____	Location	_____
FTE/Hrs/days	____ / ____	FTE/Hrs/days	____ / ____
Premium Pay:	<input type="checkbox"/> Y <input type="checkbox"/> N	Premium Pay:	<input type="checkbox"/> Y <input type="checkbox"/> N

Adjust Salary Placement

From Lane	_____	To Lane	_____
From Step	_____	To Step	_____

ADDITIONAL COMMENTS AND JUSTIFICATION FOR CHANGES

For Human Resources Use Only

_____ Salary Lane	_____ Salary Step	_____ Base Salary	_____ Prem Pay
<input type="checkbox"/> Skyward <input type="checkbox"/> ReadySub <input type="checkbox"/> SIS Manager (if ee is changing levels, subject, schools etc)			_____ Payroll date
			_____ Board date