



PC# \_\_\_\_\_

### POSITION CONTROL REQUEST FORM

Requesting administrator should initiate this form to request a new position, change an existing position, or end an existing position.

#### SECTION 1

- Request New Position:  (Complete Sections 3 & 4)
- Change Existing Position:  (Complete Sections 2 & 3; Only Data In Section 4 That Is Changing)
- End Existing Position:  (Complete Sections 2 & 3; Position Must Be Open To End It )

#### SECTION 2

##### FOR CHANGE OR END OF AN EXISTING POSITION

Holder of Existing Position/Employee Name: \_\_\_\_\_  
 Existing Position Description/Title: \_\_\_\_\_

#### SECTION 3

Effective Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

#### SECTION 4

Note: For a "New Position" – complete all that is applicable to the new position. For "Changes to an Existing Position" – complete only those items that are to be changed; changes to the position will be effective on the date identified in Section 3

Position Type: (Certificated) (Classified) (Confidential) (Management) Subject/Grade \_\_\_\_\_

Work Year (circle one): (11 mo) (12 mo)

Position Classification/Title: \_\_\_\_\_ Site/Location: \_\_\_\_\_

Classified Only: Days to Work: M Tu W Th F (No Days/Week: \_\_\_\_ x Hrs./Day: \_\_\_\_ = Hrs Per Week: \_\_\_\_ ) or FTE: \_\_\_\_

Certificated Only Days to Work: M Tu W Th F Full Time/Part Time or Periods Per Day \_\_\_\_\_ and/or FTE: \_\_\_\_

##### BUDGET CODE:

FUND	RESOURCE	YEAR	OBJECT	LOC.	GOAL	FUNCTION	LO1	LO2	Percentage

Justification for Change/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To be completed by Human Resources:

Paid days per year: \_\_\_\_\_ Job Code: \_\_\_\_\_ Work Calendar #: \_\_\_\_\_

Salary Schedule Placement: \_\_\_\_\_  
 Schedule Range Step

#### SECTION 5

##### Approval/Routing

Requesting Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Special Funding (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
 Human Resources Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Budget Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent/Designee: (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_  
 Budget Department: (entered into QSS) \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETAIN A COPY FOR YOUR RECORDS

ORIGINAL FILED IN HUMAN RESOURCES; COPY TO ORIGINATOR

If a change is made to a position that monetarily changes an employee's salary, Human Resources will notify Payroll by providing a copy of the revised salary and effective date once a change is approved with all necessary approvals (Section 5).



**TWIN RIVERS UNIFIED SCHOOL DISTRICT  
INSTRUCTIONS FOR USING THE POSITION CONTROL REQUEST FORM**

**Purpose:** The purpose of the Position Control Request Form is to identify information for requesting a new position, change an existing position, or end an existing position. This form is not used to place a particular person in a position it is used to establish a position in the system.

**Steps:** The steps for completing and submitting the Position Control Form are as follows:

1. SECTION 1: Check the appropriate box to identify whether the form is intended to create a new position, change an existing position, or end an existing position.
2. SECTION 2: If changing or ending an existing position, provide the Position Control Number (on top of form) and identify the name of the person holding the existing position.
3. SECTION 3: If creating or changing an existing position, indicate the effective start and end dates of the position or change.
4. SECTION 4: Complete the information that follows as it pertains to requesting a new position or to making a change to a position. For a new position, include all information that is applicable to the requested new position. For changing a position, include information only that is applicable to the changes and the effective dates indicated in Section 3.
5. SECTION 5: Approval/routing:
  - a. Requesting Administrator signs/dates the form and routes to the next applicable person on the list. If some or all funding for the position falls under the responsibility of another program manager (besides the Requesting Administrator), then the approval routing goes to that Special Funding person. For example, district categorical funds under the direction of a district level administrator should be authorized by that district level administrator. Note: The appropriate Human Resources administrator may need to complete information that the site administrator cannot complete before routing to the budget office.
  - b. The Associate Superintendent Business Support Services or designee should sign/date the form next.
  - c. If the position is a new position, or if the funding change impacts the Unrestricted General Fund, then the Associate Superintendent of Human Resources will discuss and get signature/date from the Superintendent if applicable.
  - d. Budget enters the position into QSS.
  - e. The completed form is returned to the Associate Superintendent of Human Resources or designee. Once completed, Human Resources will file the original copy and distribute completed copies to the Requesting Administrator and to the Budget Office.

As noted on the form, if a change is made to a position that monetarily changes an employee's salary, Human Resources will notify Payroll by providing a copy of the revised salary and effective date once a change is approved with all necessary approvals provided in SECTION 5.

**To initiate recruitment of a requested new position a Personnel Action Form must accompany this form.**