

**University Hospital
Position Change Request**

Requesting Department Number and Name: _____

REFERENCE NUMBER
(only staffing changes require number)

Request Date: ____-____-____ (mm-dd-yy)

Please make the following staffing changes or transfers:

Staffing Changes:

POSITION TITLE	GRADE	FTE CHANGE	NEW LINES ONLY HRS BASE 37.5 OR 40	ELIGIBLE FOR CALL OR DIFF D(DIFF) C(CALL) B(BOTH)	FROM CURRENT COST CTR #	TO NEW COST CTR #	**** A(ADD) D(DELETE)
Example: Assistant Position 1	0011	.50	37.5	D		72150	A
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

TITLE CHANGES OR RECLASSIFICATIONS	T(Title CHQ) R(CLASS)	CHANGE OR ESTABLISH TITLE TO BE	NEW GRADE
_____	_____	_____	_____
_____	_____	_____	_____

POSITION JUSTIFICATION _____

BUDGET FUNDING SOURCE _____

Transfers: EARLIEST EFFECTIVE DATE OF CHANGES: ____-____-____

EXISTING OR NEW POSITION #	(THIS SECTION FOR COST CENTER TRANSFERS ONLY)	
Changes and Transfers	SOC. SEC# _____ - _____ - _____	NAME OR VACANT
115440	403 - 97 - 8762	Marsha Transfer
_____	# _____ - _____ - _____	_____
_____	# _____ - _____ - _____	_____
_____	# _____ - _____ - _____	_____

DEPARTMENT SIGNATURE _____ **Date:** _____

ADMINISTRATOR SIGNATURE _____ **Date:** _____