



Position Control Change Request Form

| POSITION CONTROL CHANGE REQUEST FORM | | | | | | | | | | |
|---|---|--|---------------------------------------|-------------------------------------|--------------------------|------------------------------|---|------------------------|--------------------------|-----------|
| Requesting Department: | | Community & Economic Development (CED) | | | | | | | | |
| <i>Please check the box below for the type of change requested:</i> | | | | | | | | | | |
| <input type="checkbox"/> | Reclassification of Position (please see Administrative Code 31.14.2, Reclassification of Positions) | | | | | | | | | |
| <input type="checkbox"/> | Position Title Change | | | | <input type="checkbox"/> | Funding Source Change | | | | |
| <input checked="" type="checkbox"/> | Additional FTE (position already exists in the pay plan). *Must attach a completed Budget Amendment Form. | | | | | | | | | |
| <input type="checkbox"/> | New Position (not in Pay Plan previous or current AND increases FTE count or Budget) *Must attach a completed Budget Amendment Form. | | | | | | | | | |
| <input type="checkbox"/> | New Position (not in Pay Plan previous or current which does NOT increase FTE count or Budget) | | | | | | | | | |
| <input type="checkbox"/> | Position Succession Promotion (ex: Building Inspector I to II or Treatment Plant Operator "C" to "B", etc..) | | | | | | | | | |
| <input type="checkbox"/> | Other | | | | | | | | | |
| Budgetary Impact (Personnel Cost): | | | \$68,732 (full year), \$28,638 (5 mo) | | All Other Costs: | | \$4,155 (\$1,085 Recurring) | | | |
| *Please Note: The budgetary impact figure includes benefit changes such as FICA, life, disability, etc. that are linked to the employee's annual salaries. Department must complete All other Costs if additional or new equipment is needed such as phones, computers, vehicles, etc. If none, please indicate N/A (non-applicable). | | | | | | | | | | |
| Does this action increase your FTE count? | | | | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | |
| <input checked="" type="checkbox"/> | Justification memo attached. Requesting department must attach a detailed justification memo to include the Funding Source. (Funding source may not be from one-time savings. Human Resources will review however Departments are ultimately responsible for their Budget). | | | | | | | | | |
| | | | | Current | | | Proposed | | | |
| Name/Position Title: | | | | N/A | | | Administrative Assistant | | | |
| Department/Division: | | | | | | | CED | | | |
| Account Number: | | | | | | | 001-3410-552 (50%) & 001-3410-553 (50%) | | | |
| Group Plan: | | | | | | | G3 | | | |
| Pay Grade/Step: | | | | | | | G05 | | | |
| Salary: | | | | | | | \$42,980 - \$70,917 (Annually) | | | |
| Submitted by (Print Name): | | Ibis Berardi | | | | | | | | |
| Signature: | | | | | | | Date: | | | |
| Reviewed by HR: | | | | | | | Date: | | | |
| Approved | <input type="checkbox"/> | Denied | <input type="checkbox"/> | HR Director | | | | Date: | | |
| Reviewed by Budget: | | | | | | | Date: | | | |
| Approved | <input type="checkbox"/> | Denied | <input type="checkbox"/> | City Manager | | | | Date: | | |
| Requires Council Approval Prior to Implementation: | | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Human Resources Only – Proposed Effective Date: | | | | | | | | | | |
| <i>Council Approved</i> | | <i>Update PC & Budget PC Documents</i> | | <i>Legislative Memo</i> | | <i>HTE</i> | | <i>Copy to Budget</i> | | |
| <i>Class Pay Plan</i> | | <i>Job Description</i> | | <i>Update NEOGOV and/or Posting</i> | | <i>PAF</i> | | <i>Close Vacancies</i> | | |
| <i>ID Cards</i> | | <i>Vacancy List</i> | | <i>Notes:</i> | | | | | | |
| Implemented By (HR): | | | | | | | | Date: | | |