REQUEST TO CREATE NEW POSITION

Section to be completed by department:

Contact Person: _______________________________ Ext. _______________________________
Department/Division: _______________________________
Proposed Classification of New Position: _______________________________
Rationale for Proposed Classification: _______________________________

(Attach additional sheets if necessary)

List of duties to be performed by this position:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

(Attach additional sheets if necessary)

Position will report to:

(list actual classification)

Will this position supervise? Yes ☐ No ☐
If yes, list the classifications of those to be supervised by this position: _______________________________

Is the position Grant Funded? Yes ☐ No ☐
If yes, list:

% grant funded %
% other funding %
Account Number

Note: a completed Notification of Grant Application form must be attached if the position is grant funded

Department Head Approval: _______________________________ Date: _______________________________

Forward to Human Resources

Section to be completed by Human Resources (Compensation)

Classification Determination: _______________________________ Occupation Code: _______________________________
Salary Range: Minimum: _______________________________ Midpoint: _______________________________ Maximum: _______________________________
Human Resources Review: _______________________________ Date: _______________________________

Forward to Budget

Section to be completed by Budget

Funds Available: Yes ☐ No ☐
ACD: _______________________________ Date: _______________________________
Budget Review: _______________________________ Date: _______________________________

Forward to County Administration

Section to be completed by County Administration

County Administration Approval: _______________________________ Date: _______________________________

Return to Human Resources

Section to be completed by Human Resources (Employment)

Position Inventory Number: _______________________________
Human Resources Review: _______________________________ Date: _______________________________