

## Position Form

Please retain a copy for your records

Current Date _____
Effective Date _____

<b>Employee Name</b> _____	<b>M00#</b> _____	<input type="checkbox"/> New Hire <input type="checkbox"/> Return from leave <input type="checkbox"/> Re-Hire      (last mo/yr worked) _____
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FROM:	TO:
Employee Status: _____	Employee Status: _____
Employee Class: _____	Employee Class: _____
<div style="border: 1px solid black; padding: 2px;"> <b>For Employee Classes 01-23; &amp; 32-39</b>            California Pension _____         </div> <div style="border: 1px solid black; padding: 2px;"> <b>For Employee Classes 2-3;7-8;10-11; &amp; 39</b>            Schedule: _____             If Other: _____             Classification _____             If Other: _____         </div> <div style="border: 1px solid black; padding: 2px;"> <b>For Employee Classes 25-30</b>            Type: _____             Institution: _____             If Other: _____         </div>	<div style="border: 1px solid black; padding: 2px;"> <b>For Employee Classes 01-23; &amp; 32-39</b>            California Pension _____         </div> <div style="border: 1px solid black; padding: 2px;"> <b>For Employee Classes 2-3;7-8;10-11; &amp; 39</b>            Schedule: _____             If Other: _____             Classification _____             If Other: _____         </div> <div style="border: 1px solid black; padding: 2px;"> <b>For Employee Classes 25-30</b>            Type: _____             Institution: _____             If Other: _____         </div>

Position	Position
Position #: _____	Position #: _____
Position Title: _____	Position Title: _____
Department: _____	Department: _____

Salary	Salary
Range/Class: _____ Step: _____	Range/Class: _____ Step: _____
Pay Rate: _____ <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	Pay Rate: _____ <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
FTE: _____ Months _____ Hours Per _____	FTE: _____ Months _____ Hours Per _____

Budget	Budget
FOAP: _____ - _____ - _____	FOAP: _____ - _____ - _____

Change Reason _____	Change Reason _____
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Remarks:

Employee Signature _____	Date _____	<p><b>Note:</b>The provisions of this form do not constitute an express or implied contract and any provisions contained herein may be modified or revoked without notice.</p> <p>Reserved for Office Use</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PEAEMPL  <input type="checkbox"/> Hiring Loc.  <input type="checkbox"/> I-9  <input type="checkbox"/> California Pension  <input type="checkbox"/> SIAINST For Faculty Use Only         </div> <div> <input type="checkbox"/> NBAJOBS  <input type="checkbox"/> Job Detail  <input type="checkbox"/> Payroll Default  <input type="checkbox"/> Misc. Tab (Job Loc. &amp; Ca Pension)  <input type="checkbox"/> Excluded Benefits (if secondary job)  <input type="checkbox"/> Default Earnings  <input type="checkbox"/> Job Labor Dist.         </div> </div>
Authorized Department Signature _____	Date _____	
Human Resources _____	Date _____	
Fiscal Services/Payroll _____	Date _____	