

REQUEST TO ESTABLISH/CHANGE A HOURLY POSITION

To establish/change a hourly position, complete Section I. Attach the following forms with your request. (a) Position Description (b) Organization Chart and (c) a Physical Requirements Worksheet. Send completed forms to the Compensation Manager in Human Resources.

***NOTE: Hourly positions of a short duration (6 months or less) may be hired through the direct hire process. Hourly positions requiring specialized skills or knowledge (familiarity with State processes, knowledge of specific program areas) may also be hired through the direct hire process. Those positions assigned routine or core business functions or serving as a preparatory step to a salaried position are strongly recommended to utilize a competitive hiring process.**

SECTION I – POSITION LOCATION, FUNDING, & AUTHORIZATION			
A. Current Role Title (if applicable):			
Current Working Title (if applicable):			
Current Position Number (if applicable):		HR	
Request Role Title:		Requested Effective Date:	
Requested Working Title:			
Department Budget Code:	Department Name:	Estimated Yearly Expenditure:	Estimated Hourly Rate:
Are hourly funds appropriated in current budget?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If no, is budget adjustment attached?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is the position of a short duration (6 months or less)?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does it require specialized skills/knowledge? (Familiarity of State processes, knowledge of specific program areas?)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does this position perform routine or core business functions?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does this position serve as a preparatory step to an established salaried position?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Position Justification: 			
B. Authorization:			
_____	_____	_____	
Requestor	Signature	Date	
_____	_____	_____	
Budget Unit Director (If Different)	Signature	Date	

SECTION II – APPROVAL/DISAPPROVAL

New Role Title:

Role Code:

Pay Band:

New SOC Title:

SOC Code:

Info Tech Position:

Class Title is Appropriate: _____
Human Resources Compensation Manager Date

New Position Number: _____ Effective Date: _____

Funding is Available: _____
Budget Office Date