



Position Change

Department of Management, Budget and Planning
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Log # _____

This form is used to change the FTE for a position in HRIS or to change the account number on a position. To change any aspect of an employees record, contact Human Resources.

Check type of action requested: Account Number Change: <input type="checkbox"/> complete Parts 1 & 3	Position FTE Adjustment: <input type="checkbox"/> complete Parts 2 & 3
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PART 1: ACCOUNT NUMBER CHANGE ON AN EXISTING POSITION

Position _____ <i>Process level Job Code Sequence</i>	Effective Date of Change ____/____/____
CURRENT ACCOUNT Salary Account from MA 272 _____ _____	NEW ACCOUNT Salary Account from MA 272 _____ _____

PART 2: FTE ADJUSTMENT ON A POSITION

NOTE: A change to the Budget FTE is considered Permanent. This change will be reflected in the operating budget. A 210 is required if the change affects the financial information system.

Begin Date: Required for ALL Actions ____/____/____	End Date: Required for Temporary Actions ____/____/____
FTE Decrease	FTE Increase
Position _____ <i>Process level Job Code Sequence ODD</i>	Position _____ <i>Process level Job Code Sequence ODD</i>
Job Code Description _____	Job Code Description _____
Budget _____ - _____ = _____	Budget _____ + _____ = _____
Authorized _____ - _____ = _____ <i>Current FTE FTE Change New FTE</i>	Authorized _____ + _____ = _____ <i>Current FTE FTE Change New FTE</i>

PART 3: REASON FOR CHANGE

Reason: Check One and explain. Attach any pertinent documentation including approval memos, 210s, etc.

<input type="checkbox"/> Account number correction	<input type="checkbox"/> Higher Level Assignment (Temporary position increase only)
<input type="checkbox"/> Reorganization (Permanent position decrease and increase)	<input type="checkbox"/> Overhire (Temporary position increase only)
<input type="checkbox"/> Position reclassification or reconstitution (Permanent position decrease and increase)	<input type="checkbox"/> Nonbudgeted Grant (Temporary position increase only)
<input type="checkbox"/> New position creation (Temporary or Permanent increase)	<input type="checkbox"/> Trade of one position for another (Temporary decrease and increase)
<input type="checkbox"/> Other	

Explanation/Fiscal Impact (Must be completed for all position increases without a corresponding decrease except for nonbudgeted grants.)

Signature of Originator _____ Date ____/____/____
Signature of Manager _____ Date ____/____/____

Chief Operating Officer Approval (Only required for overhires and budget increases)
Signature _____ Date ____/____/____

Budget Approval (Required for all transactions)
Signature of Budget Specialist _____ Date ____/____/____
Signature of Director, DMBP _____ Date ____/____/____

DMBP USE ONLY
Position Exists Yes No
Account Number for New Position: _____
210 Yes No
Log # _____ Date ____/____/____
Date entered into Lawson ____/____/____
Notes _____

INSTRUCTIONS FOR COMPLETING THE POSITION CHANGE FORM

This form must be completed to **change the budget or authorized FTE** on a position, or to **change the salary account** associated with a position. This form is not to be used to make changes to an individual employee's hours, or to move the employee to a position with a different salary account.

Type of Action Required: Indicate by a check mark whether you want to change the FTE or salary account for a position, and complete the parts indicated for the type of action required.

PART 1:

Account Number Change on an Existing Position: You must enter the **HRIS** position number for the position you wish to change the salary account for. You must indicate the effective date of this change. If this field is left blank, then the account number will be changed as of the date the form is processed.

Current Account and New Account: You must look at the MA272 to determine the current salary account, and also indicate the new salary account that you wish to be assigned to the position.

PART 2:

FTE Adjustment on a position: You must include a begin date for all FTE adjustments. An end date is required if the adjustment is temporary (with an end date other than the end of the current fiscal year).

FTE Increase/Decrease: Indicate the position number that is being increased or decreased. Refer to the MA272 report to verify the position number. If you enter the incorrect position number, the FTE change that you are requesting will be made to the incorrect position.

Job Code Description: Enter the description for the job code.

*Budget/Authorized **Current** FTE:* Enter the budget and authorized FTE in HRIS .

*Budget/Authorized FTE **Change**:* Enter the incremental change to the budget and authorized FTE in HRIS.

*Budget/Authorized **New** FTE:* Enter the budget and authorized FTE in HRIS after the requested change is made.

PART 3:

Reason for Change: Indicate the reason for the change and attach any supporting documentation.

Upon Completion: Route the completed form for signature. If a position increase is being requested without a corresponding decrease, then the form must be signed by the Chief Operating Officer. Once the required signatures are obtained you must send the form to the Department of Management, Budget and Planning for approval and action.