



Position Change

Office of the Chief Financial Officer
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

Log # _____

This form is used to change the Full Time Equivalent (FTE) for a position in the Lawson Human Resources Information System (HRIS). To change any aspect of an employee's record, contact the Office of Human Resources and Development.

PART 1: FTE ADJUSTMENT ON A POSITION

NOTE: A change to the budget FTE is considered permanent. This change will be reflected in the operating budget. MCPS Form 210-1, *Request/Authorization for Movement of Funds and/or Positions** is required if the change affects the Financial Management System (FMS).

Begin Date: Required for All Actions ____/____/____	End Date: Required for Temporary Actions ____/____/____
FTE Decrease	FTE Increase
Location Name _____	Location Name _____
Position _____ <small>Process level Job Code Sequence School, Office, Dept., or Division</small>	Position _____ <small>Process level Job Code Sequence School, Office, Dept., or Division</small>
Job Code Description _____	Job Code Description _____
Budget _____ - _____ = _____	Budget _____ + _____ = _____
Authorized _____ - _____ = _____ <small>Current FTE FTE Change New FTE</small>	Authorized _____ + _____ = _____ <small>Current FTE FTE Change New FTE</small>

PART 2: REASON FOR CHANGE

Reason: Check one of the boxes and explain. Attach any pertinent documentation including approval memoranda, MCPS Form 210-1, *Request/Authorization for Movement of Funds and/or Positions*, MCPS Form 426-1, *Employee Change Request*, etc.

<input type="checkbox"/> Reorganization (permanent position decrease and increase)	<input type="checkbox"/> Higher Level Assignment (HLA) (temporary position increase only)
<input type="checkbox"/> Position reclassification or reconstitution (permanent position decrease and increase)	<input type="checkbox"/> Overhire (temporary position increase only)
<input type="checkbox"/> New position creation (temporary or permanent increase)	<input type="checkbox"/> Non-budgeted 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 (explain)	<input type="checkbox"/> Long-Term Substitute (LTS)

If HLA or LTS: Employee Name _____ ID # _____

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

Signature of Originator _____ Date ____/____/____

Signature of Manager _____ Date ____/____/____

Chief Financial Officer Approval (Required for overhires and change causing fiscal impact)

Signature _____ Date ____/____/____

Budget Approval (Required for all transactions)

Signature of Budget Specialist _____ Date ____/____/____

Signature of Supervisor, Budget Unit _____ Date ____/____/____

BUDGET UNIT USE ONLY

Position Exists Yes No

Account Number for New Position: _____

Form 210-1 Yes No

Log # _____ Date ____/____/____

Date entered into HRIS ____/____/____

Notes _____

INSTRUCTIONS FOR COMPLETING THE POSITION CHANGE FORM

This form must be completed to **change the budget or authorized FTE** on a position. This form is not to be used to make changes to an individual employee's hours, or to move an employee to a position with a different salary account. Please see employee change request form 426-1, for those changes.

PART 1:

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).

Location Name: Indicate the school, office, department, or division (ODD).

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 2:

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 Financial Officer. Once the required signatures are obtained, you must send the form to the Office of the Chief Financial Officer for approval and action.

**An MA272 is a report listing, by "process level," Budgeted and Authorized positions as well as the employees assigned to those positions. When you receive an MA272 report in the mail each month you should review the report and, if you are a school, compare it to your grid sheet. Review both your Budgeted and Authorized positions, as well as the employees assigned to those positions, for accuracy. Contact your staffing specialist if you have any questions about employee assignments, and your budget specialist if you have questions about your budgeted or authorized FTEs. (Full time Equivalent: Denotes the number of hours worked weekly divided by 40. For example, an employee who works 35 hours is a .75 FTE)*