

**COUNTY OF IMPERIAL
POSITION REQUEST FORM**

PART 1. DEPARTMENT/BUDGET UNIT INFORMATION

Department/Budget Unit: _____ Name: _____ Org Key No: _____

ACTION:

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -

From Budget Unit: _____ To Budget Unit: _____
 Other _____

Title Description: _____

Request Effective Date: _____

Proposed Duties/Program: _____

Justification Must Be Attached

Department Head Signature: _____ Date: _____

PART 2. HUMAN RESOURCES DEPARTMENT

Recommended Not Recommended Other(See Comments) Bargaining Unit: _____

Position Status: _____ PCN Number: _____

Range/Step: _____ Salary Amount: _____

Human Resources Signature: _____ Date: _____

Comments: _____

