

**COUNTY OF IMPERIAL
POSITION REQUEST
BUDGET FORM**

PART 1. DEPARTMENT/BUDGET UNIT INFORMATION

Department: _____	Org Key Title: _____	Org Key Code: _____
ACTION:		
<input type="checkbox"/>	Fund Existing Unfunded Allocation	STATUS: <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Limited Term - Full Time
<input type="checkbox"/>	Add and Fund Allocation	
<input type="checkbox"/>	Delete Existing Funded Allocation	
<input type="checkbox"/>	Delete Existing Unfunded Allocation	
<input type="checkbox"/>	Transfer Allocation - From Org Key: _____ To Org Key: _____	
<input type="checkbox"/>	Other _____	Hours: _____
Title Description: _____		
Request Effective Date: _____		

Position Request Form is due to HR no later than March 27, 2026.

Copy of signed Position Request Form must be attached to Augmentation Request Form via Questica.

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:

