

**COUNTY OF IMPERIAL
POSITION REQUEST
BUDGET FORM**

PART 1. DEPARTMENT/BUDGET UNIT INFORMATION

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

Justification Must Be Attached					
Department Head Signature: _____				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 Qwestica.

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: _____			

