

POSITION MODIFICATION REQUEST FORM

Department: _____

Job Title: _____

Current Status:

Full-time: _____

Part-time: _____

If Part-time; # hours/week: _____

Requested Status:

Full-time: _____

Part-time: _____

If Part-time; # hours/week: _____

Effective Date Requested: _____

Change in weekly hours: _____

Section A: Estimated Change in Costs per Fiscal Year:

	Current	Requested	Budget Impact
Base Wages	_____	_____	_____
Overtime	_____	_____	_____
Stipends	_____	_____	_____
Clothing Allowance	_____	_____	_____
Other (specify)	_____	_____	_____
Additives (Insurances, etc.)	_____	_____	_____
Total Estimated Personnel Related Expenses	_____	_____	_____

Section B: Change in Duties to be Performed (attach supplemental page if needed):

Section C: Justification for the Request (attach supplemental page if needed):

Department Head: _____

Date: _____

Oversight Board or

TA Approval: _____

Date: _____

Personnel Board Recommendation:

Recommended: _____ Not Recommended: _____

Vote: _____

Date: _____