



Position Budget Request Form

NOTE: This form must be completed and submitted to the SCS Budget/Finance office for preliminary approval of the new position/reclassification process. SCS Budget/Finance office will forward form to the SCS Compensation Department.

Action Requested: New Position Reclassification w/Salary Change Reclassification w/o Salary Change

Current Position Title:

Proposed Position Title

Current Incumbent Name & EE ID#:

Current PCN #:

Budgeted Salary Amount:

Estimated Proposed Salary Amount:

POSITION FUNDING

New Position:

Please provide full account number(s) from which the position will be funded.

Funding Source #1:							
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)		% of Salary
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Funding Source #2:							
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)		% of Salary
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Funding Source #3:							
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)		% of Salary
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Note: Budget Request Form must include account numbers indicating available funding for positions.

Reclassification of Position:

Please provide full account number(s) from which the position will be funded

(If Estimated Proposed Salary Amount is greater than Budgeted Salary Amount, please include full account number(s) for additional funding)

Funding Source #1:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary

Funding Source #2:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary

Funding Source #3:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary

Please explain in detail the need for New Position/Reclassification. In addition, explain how funding will be obtained (i.e., closing position(s), vacancy savings, budget transfers, etc.)

This position is needed to

Funding will be obtained

Approval & authorization Required. Please submit this form to Budget after Director/Manager and Grant/Budget Owner or BCM signature.

Approved Denied

Director/Manager:

Grant Manager/ Budget Owner/BCM:

Department Chief:

SCS Budget Office:

****Final job title, pay code, and salary will be determined by Compensation.***