



Request For Organization - Modification

1. Current Position Information:

Please indicate the contract type to be modified.

☐

Instructor

☐

Classified

Is the position vacant?

☐

Yes

☐

No

Incumbent's Name _____

Position#: _____
6 or 8 digit #

Location/Dept. Code: _____

Date Changes Effective _____
MM/DD/YYYY

2. New Position Information

IMPORTANT: Chancellor's approval is required to reassign, transfer or move supervisory or management positions/incumbents.

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Move supervisory or management position with/without incumbent (no change in duties).

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Move non-supervisory/non-management position with/without incumbent (no change in duties).

New Campus/Location Department Code _____ and/or New "Report to" Position# _____

New GL _____ New Job Code _____

3. Reason(s) for the Requested Modification.

4. Required Signatures

Requesting Manager/ Supervisor

Signature

MM/DD/YYYY

Chancellor's signature is only required if reassigning, transferring or moving supervisory or management positions/incumbents.

Chancellor: _____
Signature

MM/DD/YYYY

Human Resources Use Only:

Classification Review By _____ Date _____

Approval/Comments

☐ Edit/Correct/Mark-Up PASS

☐ Forward PASS to Position Control

☐ No PASS - Position Vacant