



POSITION STATUS CHANGE FORM

CHANGES

Department/Division: _____

Title/Classification Code: _____

Paygrade/EEO Code: _____

WC Medical Std. Code: _____

Budgeted Positions: _____
(existing budget +/- increased by = revised budget)

TYPE OF ACTION

_____ Establish Position

_____ Position Reclassification (duties have been amended/increased)

_____ Eliminate Position

_____ Change Budgeted Position(s)

_____ Transfer Budgeted Position(s)

_____ Change Title

_____ Change Pay Grade

_____ Change Classification Code

_____ Delete Existing Classification

_____ Other: _____

EXISTING

Department/Division: _____

Title/Classification Code: _____

Paygrade/EEO Code: _____

WC Medical Std. Code: _____

Budgeted Positions: _____
(existing budget +/- increased by = revised budget)

APPROVAL SIGNATURES/DATES

Prepared By: _____

Department Director: _____

Human Resources Director: _____

Finance Director: _____

Assistant City Manager: _____

City Manager: _____

EFFECTIVE DATE: _____