

**UC Agriculture and Natural Resources  
Staff Position Management Form**

Once all approval signatures obtained, submit to: [humanresources@ucanr.edu](mailto:humanresources@ucanr.edu) and track via Zendesk ticket

Initiator Name:

Initiator Email:

Submission Date:

**POSITION INFORMATION**

Request Type:	<input type="text"/>	Position Effective Date:	<input type="text"/>	Zendesk Ticket #:	<input type="text"/>		
Employee Class:	<input type="text"/>	Proposed Job Title:	<input type="text"/>	Proposed Job Code:	<input type="text"/>		
Department:	<input type="text"/>	Proposed Start Date:	<input type="text"/>	Percentage Time:	<input type="text"/>		
Work Location:	<input type="text"/>	Proposed End Date:	<input type="text"/>	Fixed	Variable		
Supervisor Full Name:	<input type="text"/>	Supervisor Position Number:	<input type="text"/>	Information Populated By HR Ops if NEW; Populated by location if VACANCY			
Timesheet Approver Name:	<input type="text"/>	Timesheet Approver Email:	<input type="text"/>			Position Number:	<input type="text"/>
Backup Timesheet Approver Name:	<input type="text"/>	Backup Timesheet Approver Email:	<input type="text"/>			Position Status:	<input type="text"/>

**RECRUITMENT INFORMATION**

Identified Candidate:	Yes	No	Candidate Name:	<input type="text"/>	Rehire:	Yes	No
Position Working with Youth:	Yes	No	Fingerprint/ Background Check Type:	<input type="text"/>	Funding for Fprint/ Bkg Check:	<input type="text"/>	
Student Status:	Yes	No	Campus Enrolled:	<input type="text"/>	Units Enrolled:	<input type="text"/>	
Position Desc. Submitted:	Yes	No	Posting Length Requested:	<input type="text"/>			

**JUSTIFICATION**

Justification should include reason for position request, source of funding, any budgetary restrictions or relevant information about the contract/grant. For instance, if there are insufficient funds in the account for term of employment, identify how the position will be paid. If applicable, also provide: Previous Incumbent name, title, pay rate, % FTE, account.

BUDGET AND FINANCIAL INFORMATION									
Fund Type:			<a href="#">Composite Benefit Rate:</a>		Provision Amount (\$):		New Provision:		
Funding Effective Date	Funding End Date	Earn Code	Chart	Chart-Account	Sub Account	Project	Object Code	OP Fund (optional)	Pay Dist % (Must add up to 100% per Earn Code)
<b>TOTAL:</b>									

**ROUTING INFORMATION**

Select the applicable routing option to ensure you receive appropriate and timely approvals.

**Select Routing Flow\*:**      Statewide Program      Research and Extension Center      UCCE      Administration Unit

**Identify Financial Control Point:**            [UCPath Departments and Business Officer List](#)

SIGNATURES			
<i>Please sign the form electronically and send, by email, to the appropriate parties. Missing signatures could mean significant delays in approval and processing.</i>			
Supervisor (1)		Vice Provost (4b)	
Director (2)		<a href="mailto:RPM@ucanr.edu">RPM@ucanr.edu</a> (5)	
Financial Control (3)		HR (6)	
Statewide Program Director (4a)		Additional Approvals	

\*Routing Flow:

STATEWIDE PROGRAM = Initiator -> Supervisor -> Director-> Financial Control -> SW Program Director -> RPM -> HR -> HR Ops

REC = Initiator -> Supervisor -> Director-> Financial Control -> Vice Provost -> Financial Control -> RPM -> HR -> HR Ops

ALL OTHERS = Initiator -> Supervisor -> Director-> Financial Control -> RPM -> HR -> HR Ops