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

Once all approval signatures obtained, submit to: humanresources@ucanr.edu and track via Zendesk ticket

| Initiator Name: | | Initiator Email: | | Submission Date: | |
|---|---|---|---|---|---|

### POSITION INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| Request Type: | | Position Effective Date: | | Zendesk Ticket #: | |
| Employee Class: | | Proposed Job Title: | | Proposed Job Code: | |
| Department: | | Proposed Start and End Dates: | | Percentage Time: | |
| Location Code : | | Office/Room/Cube #: | | Fixed    Variable | |
| Supervisor Full Name: | | Supervisor Position Number: | | **Information Populated By HR Ops if NEW; Populated by location if VACANCY** | |
| Timesheet Approver Name: | | Timesheet Approver Email: | | Position Number: | |
| Backup Timesheet Approver Name: | | Backup Timesheet Approver Email: | | Position Status: | |

### RECRUITMENT INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| Identified Candidate: | Yes    No | Candidate Name: | | Rehire: | Yes    No |
| Position Working with Youth: | Yes    No | Fingerprint/ Background Check Type: | | Funding for Fprint/ Bkg Check: | |
| Student Status: | Yes    No | Campus Enrolled: | | Units Enrolled: | |
| Position Desc. Submitted: | Yes    No | Posting Length Requested: | | | |

### 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: | | Composite Benefit Rate: | | 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) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | TOTAL: |

## 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

*Please sign the form electronically and send, by email, to the appropriate parties. Missing signatures could mean significant delays in approval and processing.*

| Supervisor (1) | | Vice Provost (4b) | |
|---|---|---|---|
| Director (2) | | RPM@ucanr.edu (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

9/16/2022