

**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:	<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 and End Dates:	<input type="text"/>	Percentage Time:	<input type="text"/>		
<u>Location Code</u> :	<input type="text"/>	Office/Room/Cube #:	<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:			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)
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			
<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)		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