

**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"/>	% Time:	Salary Plan:
Location Code :	<input type="text"/>	Office/Room/Cube #:	<input type="text"/>	Fixed	Variable Salary Plan Info
Supervisor Full Name:	<input type="text"/>	Supervisor Position Number:	40	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:		<input type="text"/>	Composite Benefit Rate:	<input type="text"/>	Provision Amount (\$):	<input type="text"/>	New Provision:	<input type="text"/>
Fund Effect. Date	Fund End Date	Earn Code	Chart of Account (Entity-Fund-Financial Dept-Purpose-Program-Project-Activity-Task-Award)				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

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)	<input type="text"/>	Vice Provost (4b)	<input type="text"/>
Director (2)	<input type="text"/>	RPM@ucanr.edu (5)	<input type="text"/>
Financial Control (3)	<input type="text"/>	HR (6)	<input type="text"/>
Statewide Program Director (4a)	<input type="text"/>	Additional Approvals	<input type="text"/>

*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