

## Request for Position Action

<b>Division/Office/Unit Requesting Action</b>							
<b>Contact Name</b>				<b>Phone Number</b>			
<b>Effective Date</b>				<b>Position Number</b>			
<b>Department ID Number</b>				<b>Mail Drop ID Number</b>			
<b>ZIP Code of Position</b>				<b>County Name/Code</b>			
<b>REQUESTED ACTION</b> (Type an "X" in all that apply)							
<input type="checkbox"/>	<b>Promotion</b>	<input type="checkbox"/>	<b>New Position</b>	<input type="checkbox"/>	<b>Lateral Job Change</b>	<input checked="" type="checkbox"/>	<b>Grade/Job Change</b>
<input type="checkbox"/>	<b>Psn Level Reduction</b>	<input type="checkbox"/>	<b>Disciplinary Demotion</b>	<input type="checkbox"/>	<b>Voluntary Demotion</b>		
<b>MISCELLANEOUS ACTION</b> (Type an "X" in all that apply and provide necessary information)							
<input type="checkbox"/>	<b>Activate Psn</b>	<input type="checkbox"/>	<b>Department ID Change</b>	<b>From</b>		<b>To</b>	
<input type="checkbox"/>	<b>Inactivate Psn</b>	<input type="checkbox"/>	<b>County/ZIP Change</b>	<b>From</b>		<b>To</b>	
		<input type="checkbox"/>	<b>Mail Drop ID Change</b>	<b>From</b>		<b>To</b>	
<b>POSITION VACANT?</b>		<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b> (If No, complete the following Employee Data)		
<b>Employee Name/ID Number</b>					<b>Employee SSN</b>		
<b>Current Monthly Salary</b>				<b>New Monthly Salary</b>			
<b>CHANGE IN EXISTING POSITION</b>							
<b>Current Job Title</b>					<b>Current Job Code</b>		<b>PG</b>
<b>New Job Title</b>					<b>New Job Code</b>		<b>PG</b>
<b>CREATE A NEW POSITION</b> (Call OHRMD, 404-656-6763, to receive Control Number)				<b>CONTROL NUMBER</b>			
<b>Requested Job Title</b>					<b>Job Code</b>		<b>PG</b>
<b>NOTE: With the EXCEPTION of the following jobs, please submit a PMF or detailed listing stating the position's specific duties and responsibilities. Also, please submit a CURRENT Organizational Chart, which clearly displays the subject position.</b>							
<b>SSCM (14203)</b>		<b>SSCM Associate (14212)</b>		<b>Nurse I/S (71113)</b>		<b>Food Service Employee 1 (50301)</b>	
<b>Housekeeper (30901)</b>		<b>HST 1 (70833)</b>		<b>Laundry Worker (31302)</b>			
<b>DIVISION/OFFICE/UNIT – REASON FOR REQUEST/COMMENTS</b>							
<b>Submitted By</b>					<b>Date</b>		
<b>Approved By</b>					<b>Date</b>		
<b>FOR OHRMD USE ONLY</b>							
<b>Decision</b>	<b>Action/Reason</b>	<b>FLSA</b>	<b>SCOA Type</b>	<b>Drug Test</b>	<b>Psn File?</b>	<b>Date Completed</b>	<b>Analyst</b>
<b>EMPLOYMENT &amp; COMPENSATION SERVICES – NOTES/COMMENTS</b>							