



Request For Organization - Modification

1. Current Position Information:

Please indicate the contract type to be modified. Instructor Classified
Is the position vacant? Yes No Incumbent's Name _____
Position#: _____ Location/Dept. Code: _____ Date Changes Effective _____
6 or 8 digit # MM/DD/YYYY

2. New Position Information

IMPORTANT: Chancellor's approval is required to reassign, transfer or move supervisory or management positions/incumbents.

Move supervisory or management position with/without incumbent (no change in duties).

Move non-supervisory/non-management position with/without incumbent (no change in duties).

New Campus/Location Department Code _____ and/or New "Report to" Position# _____

New GL _____ New Job Code _____

3. Reason(s) for the Requested Modification.

4. Required Signatures

Requesting Manager/ Supervisor Signature MM/DD/YYYY

Chancellor's signature is only required if reassigning, transferring or moving supervisory or management positions/incumbents.

Chancellor: _____
Signature MM/DD/YYYY

Human Resources Use Only:

Classification Review By _____ Date _____ Approval/Comments

Edit/Correct/Mark-Up PASS Forward PASS to Position Control No PASS - Position Vacant