



Position Control Form (PCF)

PCF User's Guide

Control # _____

Section 1 AUTHORIZATION TO FILL VACANCY

Department: _____ Payroll (State) Title: _____ Position#: _____
 Salary Range: _____ Fund: _____ Org: _____ Acct: _____ Program: _____
 Salary/Hourly Rate: _____ Fill @ Full-Time _____ Fill @ Part-Time _____ Fill @ % of Time: _____
 Previous Incumbent: _____ Employee Group: _____ Career Service _____ Unclassified _____
 Shift: (Facilities and Library personnel) _____ Position Budgeted Dollars: _____

Section 2 CHANGE OF TITLE/TRANSFER OF POSITION/CHANGE IN FUNDING SOURCE

Current Incumbent (If applicable): _____	
Change From:	Change To:
Current Department: _____	New Department: _____
Work Location: _____	Work Location: _____
FOAP: _____	FOAP: _____
Payroll Title: _____	Payroll Title: _____
Salary Range: _____	Salary Range: _____
Position #: _____ Shift: _____	Position #: _____ Shift: _____
Employee Group: _____ Career Service _____ Unclassified _____	Employee Group: _____ Career Service _____ Unclassified _____

Section 3 REASON FOR ACTION

Section 4 APPROVAL SIGNATURES

Supervisor/Director/Dean: _____	Date: _____
Associate Provost: _____	Date: _____
Div. VP/Provost: _____	Date: _____
Human Resources: _____	Date: _____
Budget Office: _____	Date: _____
VP Administration and Finance: _____	Date: _____

HR USE ONLY

Employee Name: _____ Payroll Title: _____
 Effective Date: _____ Position #: _____ Range: _____ Step: _____ Salary: _____