POSITION ACTION REQUEST

NEW JERSEY DEPARTMENT OF PERSONNEL
OFFICE OF PERSONNEL MANAGEMENT

NOTE: This request will be studied by the staff of the Office of Personnel Management only if accompanied by a Position Classification Questionnaire **(DPF-44)** and an organization chart showing 1) the location of the position within the agency structure and its relationship to other positions; 2) the title of the position to which the requested position will report; and 3) the number of positions and titles, if any, which will report to the requested position.

OPM LOG Number ► (FOR DEPARTMENT OF PERSONNEL USE)

AUTHORIZATION Number ► (FOR DEPARTMENT OF PERSONNEL USE)

APPOINTING AUTHORITY Control Number ►

►►►►►►INCOMPLETE REQUESTS WILL BE RETURNED◄◄◄◄◄◄

A. TO BE COMPLETED BY REQUESTING AGENCY

DATE	DEPARTMENT	DIVISION/BUREAU
POSITION NUMBER	BUDGETED TITLE, RANGE, AND CODE	REQUESTED TITLE, RANGE, AND CODE

INCUMBENT	SOCIAL SECURITY NUMBER	REQUESTED EFFECTIVE DATE

Account Number (ORG/FUND/PROG/OBJ) required

B. TYPE OF ACTION REQUESTED

1. ☐ Reclassification a. ☐ upward b. ☐ downward c. ☐ lateral
2. ☐ New Position a. ☐ permanent b. ☐ temporary
3. ☐ Abolish and Create
4. ☐ Temporary Downgrade of Budgeted Level Position (RTI)
5. ☐ Return to Budgeted Level of Position (RTP)
6. ☐ Early Retirement Backfill

C. IF REQUEST INVOLVES A PROJECT SPECIALIST, PROJECT SUPPORT SPECIALIST, OR TENTATIVE TITLE POSITION, PLEASE COMPLETE

☐ Extension of PS/PSS (give Authorization Number for original establishment)

• ***Requested thru date*** .....

Tentative Title (Requested New Title)

Suggested Bargaining Unit and Salary Range

Work Week _____

D. IF REQUEST INVOLVES A TEMPORARY SERVICES POSITION, PLEASE COMPLETE

REQUESTED SALARY RATES:

From $ ..... *per* ..... *to* $ ..... *per* .....

☐ **NEW POSITION** ☐ **CHANGE IN RATE(S)** • **Thru date** .....

E. REQUESTING AGENCY COMMENTS (Attach additional sheets if necessary)

I CERTIFY that this request has undergone management and fiscal review, and has been authorized by the agency.

AGENCY REPRESENTATIVE APPROVAL ► ..... PHONE ► ..... DATE ► .....

FOR DEPARTMENT OF PERSONNEL USE

Analyst Signature ..... Date .....

PMIS TRANSACTION NUMBER

☐ **DISAPPROVED — Reason**

_____

_____

_____

☐ **APPROVED**

Effective Date ..... Thru .....

Salary Rate or Bargaining Unit/Range .....

..... Work Week .....