

# Position Action Form

Effective Date: \_\_\_\_\_

Position #: G. \_\_\_\_\_

Department: \_\_\_\_\_ Incumbent Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

**Actions:** (Check all actions that apply. The numbers in parentheses refer to the information needed for each action.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Change Complement           | <input type="checkbox"/> Change Supervisor        | <input type="checkbox"/> Reclassify Position                  |
| <input type="checkbox"/> Change Costing              | <input type="checkbox"/> Change Supervisor Status | <input type="checkbox"/> Re-grade Position                    |
| <input type="checkbox"/> Change Funding Split        | <input type="checkbox"/> Change Requirements      | <input type="checkbox"/> Add/Delete Requirement/Certification |
| <input type="checkbox"/> Change FT to PT or PT to FT | <input type="checkbox"/> New Position             | <input type="checkbox"/> Other                                |

**Notes:**

List Positions Supervised:

Information needed:	Change from:	Change to:
1. Position Title/Description <i>Click here &amp; copy from list then Paste (Ctrl V)</i>		
2. Position Type		
3. Job <i>Click here &amp; copy from list then Paste (Ctrl V)</i>		
4. Location <i>Click here &amp; copy from list then Paste (Ctrl V)</i>		
5. Supervisory		
6. % County Funding		
7. % Federal Funding		
8. % State Funding		
9. % Other Funding		
10. Fund		
11. Natural Account		
12. Cost Center		
13. Function		
14. Project		
15. Complement		
16. Essential/Non-Essential		
17. Management Level		
18. Permanent		
19. VRS Job Name		
20. FTE		
21. Standard Hours Biweekly		
22. Salary Basis – G_Hourly		
23. Grade		
24. Step		
25. Supervisor Name		
26. Supervisor Position Number		
27. Pre-Employment Physical		
28. Pre-Employment Background Check		
29. Per County Ordinance 1128	G_FBI Background Check	G_FBI Background Check
30. Certifications or Licensure Requirements – Please list all:		

<b>Information needed:</b>	<b>Change from:</b>	<b>Change to:</b>
31. Does Employee drive County Vehicle?		
32. Valid Driver's License		
33. CDL Requirement		
34. CDL Endorsement/Restriction		
35. Drug Test		

Direct questions and completed forms to : [hig11@co.henrico.va.us](mailto:hig11@co.henrico.va.us)

01-Oct-15

**Signatures:**

Originated by:	_____	Date:	_____
Agency Head approval:	_____	Date:	_____
Budget Director:	_____	Date:	_____
HR Division Manager:	_____	Date:	_____
HR Director:	_____	Date:	_____
HRMS/STEP entry:	_____	Date:	_____
Audit:	_____	Date:	_____