

<b>Present</b>	1. Department/Division/Branch/Section/Unit				2. Position No.	
	3. Auth Job Code	4. Authorized Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable)				5. Pseudo No.
	6. Curr Job Code	7. Current Class Title		8. Legal Authority		
9. Requested Job Code, Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable)						

10. "I certify that I have reviewed the duties and responsibilities assigned to this position."		11. "I certify that the attached is a complete and accurate description of the duties and responsibilities of this position."	
_____		_____	
Signature of Incumbent		Date	
_____		_____	
Name of Incumbent		Signature of Supervisor	
		Supervisor's Position No. _____	
		_____	
		Signature of Division Chief, Division Vice Chancellor	
		Date	

<b>12. Type of Action</b>		<b>13. Position Characteristics</b>		<b>14. Location/Other Characteristics</b>	
a. <input type="checkbox"/> New <input type="checkbox"/> Redescriptn <input type="checkbox"/> Conversn Vicing for _____ Replaced Pos. No. _____ <input type="checkbox"/> Exempt to CS <input type="checkbox"/> CS to Exempt  <input type="checkbox"/> Reclass - EE Qualifications (REE) b. <input type="checkbox"/> Reallocation for Recruitment (RFR) <input type="checkbox"/> Temporary Reallocation <input type="checkbox"/> Start <input type="checkbox"/> Ext. <input type="checkbox"/> Term Eff Date _____ NTE Date _____ c. <input type="checkbox"/> Extension of Position Eff Date _____ NTE Date _____ d. <input type="checkbox"/> Abolish Abolish COB Dt _____ HRMS Eff Date _____ e. <input type="checkbox"/> Change Characteristics (List them below) _____		a. Type of Position <input type="checkbox"/> Civil Service <input type="checkbox"/> Exempt Basis for Exemption From HRS, 76-16 ( ) ( ) To HRS, 76-16 ( ) ( ) Supporting Legal Authority _____ _____ Project Title _____ _____ Exemption NTE Date _____ b. Duration <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Initial NTE Date _____ c. Budgeted <input type="checkbox"/> Yes <input type="checkbox"/> No d. Authorized FTE From _____ To _____ e. Current FTE From _____ To _____ f. Employment Status <input type="checkbox"/> Filled <input type="checkbox"/> Vacant g. FLSA Status <input type="checkbox"/> FLSA Exempt <input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Excluded		a. Org Code _____ b. Geographic Location Code _____ c. Island _____ d. <input type="checkbox"/> Shift e. <input type="checkbox"/> FTE Share, w/Pos. No. _____ f. <input type="checkbox"/> Shortage & Group _____ g. <input type="checkbox"/> Selective Certification h. <input type="checkbox"/> Consent Decree/Mandated Action _____ (Please specify) _____  <b>15. Date Recvd in Personnel Office</b> _____	
Eff Date _____					

<b>16. Appropriation</b>					
Prgm Bud ID	MOF	UAC	%	Funded	Effective Date

17. Recommended Job Code, Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable) **(for PERS use only)**

<b>Approved (for PERS use only)</b>	18. Department/Division/Branch/Section/Unit				19. Effective Date	
	20. Auth Job Code	21. Authorized Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable)				22. Effective Date
	23. Curr Job Code	24. Current Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable)				25. Effective Date

26. Employing Department Action  Approved  Disapproved

\_\_\_\_\_ Date

Marcia Sakai, VC Administrative Affairs

\_\_\_\_\_ Date

Signature of Department Head, Donald Straney, UHH Chancellor

27. Human Resources Development Action  Approved  Disapproved

\_\_\_\_\_ Date

Director of Human Resources Development