

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 charting 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

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 | <input type="checkbox"/> | Reclassification | a. <input type="checkbox"/> | upward | b. <input type="checkbox"/> | downward | c. <input type="checkbox"/> | lateral |
| 2 | <input type="checkbox"/> | New Position | a. <input type="checkbox"/> | permanent | b. <input type="checkbox"/> | temporary | | |
| 3 | <input type="checkbox"/> | Abolish and Create | | | | | | |
| 4 | <input type="checkbox"/> | Temporary Downgrade of Budgeted Level Position (RTI) | | | | | | |
| 5 | <input type="checkbox"/> | Return to Budgeted Level of Position (RTP) | | | | | | |
| 6 | <input type="checkbox"/> | Early Retirement Backfill | | | | | | |

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

<input type="checkbox"/> Extension of PS/PSS (give Authorization Number for original establishment)	Tentative Title (Requested New Title)
Requested through date _____	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)

E. REQUESTING AGENCY COMMENTS (Attach additional sheets if

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

PMIS TRANSACTION NUMBER

Analyst
Signature

Date

DISAPPROVED – Reason

APPROVED

Effective
Date _____ thru _____

Salary Rate or Bargaining Unit/Range

Work Week: