

OFFICE USE ONLY

Entry Number _____

Operator Initials _____

POSN 901

Position Change/Fund Transfer

Fiscal Year: _____

Form Completed By _____

Phone Number _____

Position Information (Indicate only if changed):

Position No.	Begin Date	End Date	Job Class/ Rank	Position Dept	Employing Dept	FTE %
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This transaction is : **Permanent** **Temporary**

Please note: 1) No more than one complete permanent transfer per page. 2) Transfers must balance.

Funding Changes: Please check whether the Rate of Pay is: a Monthly Rate an Hourly Rate a Fiscal Amount

Incumbent Name _____

Check One

<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months
<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months
<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months
<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months
<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months
<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months
<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months
<input type="checkbox"/>	To	<input type="checkbox"/>	From	Position No.	Begin Date	End Date	Account to be charged	Earnings Type	Rate of Pay	FTE	Months

Comments (attach justification as needed)

FISCAL AGENT DATE

DEAN OR DIRECTOR DATE

STAFF ADMINISTRATOR DATE