

EASTERN MICHIGAN UNIVERSITY
POSITION CONTROL ACTION FORM- STAFF

PCA No. _____

Effective Date: _____

End Date: _____

Action Proposed: _____ New _____ Freeze _____ Account Change _____ Reclassify _____ Title Change
 _____ Eliminate _____ Extend _____ FTE Change _____ Other _____

Complete all items that are shaded. Budget or HR Office will complete other items if unknown. If changing attributes on an existing position, write new information next to the current field information.

POSN_STATUS	<input type="text"/>			
POSITION_KEY	INCUMBENT NAME <input type="text"/>			
POSN_TITLE	<input type="text"/>			INCUMBENT EM <input type="text"/>
NTRPCLS_ECLS_CODE	<input type="text"/>	NTRPCLS_GRADE <input type="text"/>	PCLS_CODE <input type="text"/>	
NTRPCLS_ESKL_CODE	<input type="text"/>	NTRPCLS_PGRP_CODE <input type="text"/>	NTRPCLS_EXEMPT_IN <input type="text"/>	<input type="text"/>
FTVORGN_TITLE	<input type="text"/>			DIVISION CODE <input type="text"/>
	1	2	3	4
FUND_CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ORGN_CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCT_CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROG_CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUDGET	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BDGT_APPT_PCT_TOTA	<input type="text"/>	Appt period: _____	NBBPOSN POSN REPORT <input type="text"/>	
POSN_BUDGET_BASIS	<input type="text"/>	Annual _____ or Less	If position # of reports to supervisor is unknown, please indicate name of administrative supervisor: _____	
POSN_ANNUAL_BASIS	<input type="text"/>	Than Annual _____		
BUDGETED_TOT_AMT	<input type="text"/>	Start Date _____		
		End Date _____	<input type="text"/>	

Reason for position change: (Attach additional documentation if needed.)

Indicate budget impact and funding source: (Attach additional documentation if needed.)

Account Manager: _____ Phone: _____ Date: _____
 Dean/Director : _____ Phone: _____ Date: _____
 Division Budget : _____ Phone: _____ Date: _____
 Vice President : _____ Phone: _____ Date: _____

Budget Management: _____ Phone: 7-3225 Date: _____
 Human Resources: _____ Phone: 7-2275 Date: _____
 Executive Authorization: _____ Phone: _____ Date: _____