HRD-1 07/2002

POSITION ACTION FORM

ATTACHMENT A

1. Department/Division/Branch/Section/Unit			2. Position No.
Present	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."

Signature of Incumbent _____ Date _____

Name of Incumbent _____

11. "I certify that the attached is a complete and accurate description of the duties and responsibilities of this position."

Signature of Supervisor _____ Date _____

Supervisor's Position No. _____

Signature of Division Chief _____ Date _____

12. Type of Action

- ☐ New/Vicing for _____
  - Replaced Pos. No. _____
- ☐ Reallocation ☐ Redescription
- ☐ Delegated B Action (MODA)
- ☐ Abolish Position
  - Eff Date _____
- ☐ Extension
  - Eff Date _____
  - NTE Date _____
- ☐ Temporary Reallocation
  - ☐ Initial ☐ Ext. ☐ Term.
  - TR NTE Date _____
- ☐ Change Characteristics
  - Eff Date _____

13. Position Characteristics

a. Type of Position
- ☐ Civil Service ☐ Exempt
- Basis for Exemption From HRS, 76-16 ( ) ( )
- To HRS, 76-16 ( ) ( )
- Supporting Legal Authority _____
- Exemption NTE Date _____

b. Duration ☐ Permanent ☐ Temporary
- Initial NTE Date _____

c. Budgeted ☐ Yes ☐ No

d. Authorized FTE From _____ To _____

e. Current FTE From _____ To _____

f. Employment Status ☐ Filled ☐ Vacant

14. Location/Other Characteristics

a. Org Code _____

b. Geographic Location Code _____

c. Island _____

d. ☐ Shift

e. ☐ Job Share, w/Pos. No. _____

f. ☐ Shortage & Group _____

g. ☐ Selective Certification _____

h. ☐ Consent Decree/Mandated Action _____ (Please Specify)

15. Date Recvd in Personnel Office _____

16. Appropriation

Program 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)**

Approved (for PERS use only)	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

Signature of Department Head _____ Date _____

27. Human Resources Development Action ☐ Approved ☐ Disapproved

Director of Human Resources Development _____ Date _____