

ESTABLISHMENT OF CIVIL SERVICE POSITIONS

HRD-1 07/2002 (Rev. 12/1/03)

POSITION ACTION FORM

1. Department/Division/Branch/Section/Unit Public Safety/CCC/OCC/Pers Ut			2. Position No. 111483
Present	3. Auth Job Code	4. Authorized Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable) NEW	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) 1.036, Clerk Typist II, SR08, BU03			

<p>10. "I certify that I have reviewed the duties and responsibilities assigned to this position."</p> <p>_____ Signature of Incumbent</p> <p>_____ Name of Incumbent</p>	<p>11. "I certify that the attached is a complete and accurate description of the duties and responsibilities of this position."</p> <p align="right">_____ <i>signature</i> Signature of Supervisor</p> <p align="right">_____ Supervisor's Position No. 3224</p> <p align="right">_____ <i>signature</i> Signature of Division Chief</p> <p align="right">_____ Date 9/21/2000</p>
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<p>12. Type of Action</p> <p><input checked="" type="checkbox"/> New/Vicing for _____ Replaced Pos. No. _____</p> <p><input type="checkbox"/> Reallocation <input type="checkbox"/> Redescription</p> <p><input type="checkbox"/> Reallocation for Recruitment (RFR)</p> <p><input type="checkbox"/> Abolish Position</p> <p>Eff Date _____</p> <p><input type="checkbox"/> Extension</p> <p>Eff Date _____</p> <p>NTE Date _____</p> <p><input type="checkbox"/> Temporary Reallocation</p> <p><input type="checkbox"/> Initial <input type="checkbox"/> Ext. <input type="checkbox"/> Term.</p> <p>TR NTE Date _____</p> <p><input type="checkbox"/> Change Characteristics</p> <p>Eff Date _____</p>	<p>13. Position Characteristics</p> <p>a. Type of Position</p> <p><input checked="" type="checkbox"/> Civil Service <input type="checkbox"/> Exempt</p> <p>Basis for Exemption From HRS, 76-16 () ()</p> <p>To HRS, 76-16 () ()</p> <p>Supporting Legal Authority _____</p> <p>Exemption NTE Date _____</p> <p>b. Duration <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary</p> <p>Initial NTE Date 1/31/2001</p> <p>c. Budgeted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>d. Authorized FTE From _____ To 0.000</p> <p>e. Current FTE From _____ To 1.000</p> <p>f. Employment Status <input type="checkbox"/> Filled <input checked="" type="checkbox"/> Vacant</p>	<p>14. Location/Other Characteristics</p> <p>a. Org Code 3423010102</p> <p>b. Geographic Location Code 0203</p> <p>c. Island Oahu</p> <p>d. <input type="checkbox"/> Shift</p> <p>e. <input type="checkbox"/> FTE Share, w/Pos. No. _____</p> <p>f. <input type="checkbox"/> Shortage & Group _____</p> <p>g. <input type="checkbox"/> Selective Certification _____</p> <p>h. <input type="checkbox"/> Consent Decree/Mandated Action _____</p> <p align="right">(Please Specify)</p>
		<p>15. Date Recvd in Personnel Office 9/28/2000</p>

16. Appropriation					
Prgm Bud ID	MOF	UAC	%	Funded	Effective Date
PSD407EC	A	22G01007V521	100.000	N	

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 1.036	21. Authorized Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable) Clerk Typist II, SR08, BU03	22. Effective Date 10/4/2000
	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
Signature of Department Head

Date **10/4/2000**

27. Human Resources Development Action Approved Disapproved

signature
Director of Human Resources Development

Date **10/4/2000**

CHANGING CHARACTERISTICS OF CIVIL SERVICE POSITIONS

HRD-1 07/2002 (Rev. 12/01/03)

POSITION ACTION FORM

1. Department/Division/Branch/Section/Unit PSD/CCC/OCCC/Pers Ut		2. Position No. 111483
Present	3. Auth Job Code 1.007	4. Authorized Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable) Clerk III, SR08, BU03
	6. Curr Job Code 1.007	7. Current Class Title Clerk III
		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." _____ Date _____

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

Signature of Incumbent _____ Signature of Supervisor _____

Name of Incumbent _____ Supervisor's Position No. _____

Signature of Division Chief _____ Date _____

12. Type of Action <input type="checkbox"/> New/Vicing for _____ Replaced Pos. No. _____ <input type="checkbox"/> Reallocation <input type="checkbox"/> Redescription <input type="checkbox"/> Reallocation for Recruitment (RFR) <input type="checkbox"/> Abolish Position Eff Date _____ <input type="checkbox"/> Extension Eff Date _____ NTE Date _____ <input type="checkbox"/> Temporary Reallocation <input type="checkbox"/> Initial <input type="checkbox"/> Ext. <input type="checkbox"/> Term. TR NTE Date _____ <input checked="" type="checkbox"/> Change Characteristics Eff Date 1/1/2001	13. Position Characteristics a. Type of Position <input checked="" type="checkbox"/> Civil Service <input type="checkbox"/> Exempt Basis for Exemption From HRS, 76-16 () () To HRS, 76-16 () () Supporting Legal Authority _____ Exemption NTE Date _____ b. Duration <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary Initial NTE Date _____ c. Budgeted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Authorized FTE From _____ To 0.000 e. Current FTE From _____ To 1.000 f. Employment Status <input type="checkbox"/> Filled <input checked="" type="checkbox"/> Vacant	14. Location/Other Characteristics a. Org Code 3423020100 b. Geographic Location Code 0207 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) _____
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15. Date Recvd in Personnel Office **12/15/2000**

16. Appropriation					
Prom 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)**

Approved (for PERS use only)	18. Department/Division/Branch/Section/Unit Public Safety/CCC/WCCC/Ofc Svcs Staff		19. Effective Date 1/1/2001
	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* _____ **12/15/2000**
 Signature of Department Head Date

27. Human Resources Development Action Approved Disapproved

_____ *signature* _____ **12/15/2000**
 Director of Human Resources Development Date

EXTENSION OF CIVIL SERVICE POSITIONS

HRD-1 07/2002 (Rev. 12/01/03)

POSITION ACTION FORM

1. Department/Division/Branch/Section/Unit Public Safety/CCC/WCCC/Ofc Svcs Staff		2. Position No. 111483
Present	3. Auth Job Code 1.007	4. Authorized Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable) Clerk III, SR08, BU03
	6. Curr Job Code 1.007	7. Current Class Title Clerk III
8. Legal Authority		
9. Requested Job Code, Class Title, Pay Range, Pay Rate (Exempt Positions Only), BU, BU Exclusion Code(s) (if applicable)		

<p>10. "I certify that I have reviewed the duties and responsibilities assigned to this position."</p> <p>_____ Signature of Incumbent</p> <p>_____ Date</p> <p>_____ Name of Incumbent</p>	<p>11. "I certify that the attached is a complete and accurate description of the duties and responsibilities of this position."</p> <p>_____ Signature of Supervisor</p> <p>_____ Date</p> <p>_____ Supervisor's Position No.</p> <p>_____ Signature of Division Chief</p> <p>_____ Date</p>
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<p>12. Type of Action</p> <p><input type="checkbox"/> New/Vicing for _____ Replaced Pos. No. _____</p> <p><input type="checkbox"/> Reallocation <input type="checkbox"/> Redescription</p> <p><input type="checkbox"/> Reallocation for Recruitment (RFR)</p> <p><input type="checkbox"/> Abolish Position</p> <p>Eff Date _____</p> <p><input checked="" type="checkbox"/> Extension Eff Date <u>2/1/2001</u> NTE Date <u>6/30/2001</u></p> <p><input type="checkbox"/> Temporary Reallocation <input type="checkbox"/> Initial <input type="checkbox"/> Ext. <input type="checkbox"/> Term. TR NTE Date _____</p> <p><input type="checkbox"/> Change Characteristics Eff Date _____</p>	<p>13. Position Characteristics</p> <p>a. Type of Position <input checked="" type="checkbox"/> Civil Service <input type="checkbox"/> Exempt</p> <p>Basis for Exemption From <u>HRS, 76-16 () ()</u> To <u>HRS, 76-16 () ()</u></p> <p>Supporting Legal Authority _____</p> <p>Exemption NTE Date _____</p> <p>b. Duration <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary Initial NTE Date _____</p> <p>c. Budgeted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>d. Authorized FTE From _____ To <u>0.000</u></p> <p>e. Current FTE From _____ To <u>1.000</u></p> <p>f. Employment Status <input checked="" type="checkbox"/> Filled <input type="checkbox"/> Vacant</p>	<p>14. Location/Other Characteristics</p> <p>a. Org Code _____</p> <p>b. Geographic Location Code _____</p> <p>c. Island _____</p> <p>d. <input type="checkbox"/> Shift</p> <p>e. <input type="checkbox"/> FTE Share, w/Pos. No. _____</p> <p>f. <input type="checkbox"/> Shortage & Group _____</p> <p>g. <input type="checkbox"/> Selective Certification _____</p> <p>h. <input type="checkbox"/> Consent Decree/Mandated Action _____</p> <p style="text-align: right;">(Please Specify)</p>
		15. Date Recvd in Personnel Office <u>12/30/2000</u>

16. Appropriation					
Prom 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)

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 12/31/2000
Date

27. Human Resources Development Action Approved Disapproved

Director of Human Resources Development 12/31/2000
Date

