

**Position Control (Part 2)**

# **Sample Forms**

**(Completed forms for in-class examples)**

**February 2009**

# POSITION ACTION / PRR



Check if this is a Position Review Request (PRR).  
Attach position description or questionnaire and organization chart.

WASHINGTON STATE UNIVERSITY  
Pullman, WA 99164-1041

See Business Policies and Procedures Manual 58.02.

1 Person to contact with questions Kim Robinson		2 Phone No. 335-6789		3 E-Mail Address krobinson@wsu.edu		4 Mail Code 1002		Posn Type	Tran Type	Control No.	5 Position No. 212345
6 WSU Organization Name - Department and College or Area CUB						7 File Number 1			8 Effective Date mm/dd/yy 1/1/2010		
9 Types of Actions Change permanent funding and department number						10 Position Location (if not Pullman)			11 Date Prepared mm/dd/yy 1/1/2010		
						12 Position Begin Date (mm/dd/yy)			13 Position End mm/dd/yy 99/99/99		
14 Reason for Action or Comments: (If PRR use additional pages as required) Position moved to a new department. ID # 123448723 <span style="float: right; color: red; font-weight: bold;">Sample 1</span>											
NOTE: When completing an action supported by sponsored programs (11-14) enter the social security numbers of associated employees.											

## POSITION CONFIGURATION BEFORE CHANGE

15 Area 87	16 Dept 0087	17 Perm/Temp P	18 Title Description Office Assistant 3			19 Position Identifying Description Jones, K.					
20 Title Code 100J	21 Position Term (Mo.) 12	22 Cycle Start Date (Mo./Day) 07   01	23 Full Time Monthly Base Rate 2,789	24 Position Allocation % (Perm. Only) 100	25 Mo. Allocation Amt (Perm. Only) 2,789	26 Position Effort % 100	27 Range/Step 31L				

## PROPOSED POSITION CONFIGURATION AFTER CHANGE *(Complete only those items that change.)*

28 Area 2177	29 Dept	30 Perm/Temp	31 Title Description			32 Position Identifying Description					
33 Title Code	34 Position Term (Mo.)	35 Cycle Start Date (Mo./Day)	36 Full Time Monthly Base Rate	37 Position Allocation % (Perm. Only)	38 Mo. Allocation Amt (Perm. Only)	39 Position Effort %	40 Range/Step				

## ASSIGNMENT OF ACCOUNTS FOR POSITION

41 Admin Initials	42 Acct Area #	43 Expense Type	44 Fund	45 Sfund	46 Program	47 Budget	48 Project	49 Differential Amount	50 Assignment Percentage	51 Assignment Begin Date mm dd yy	52 Assignment End Date mm dd yy
		REG	001	01	06D	8501	0001		100		12/31/2009
		REG	001	01	06B	7400	0003		100	1/1/2010	99/99/99

**Your signature at right means that:**  
 (1) You agree that a review should be done, and  
 (2) Monies are available to fund the request, or  
 (3) The abolishment or reduction of the position is justified due to lack of funding or lack of work.

55 Submitting Officer (PI for Sponsored Projects)	Signature X	Date
56 Director / Dean	Signature X	Date
57 Vice Pres. / Provost	Signature X	Date

Sponsored Programs Services Use Only				
BUDGET/PROJECT	LEAD DATE	CHECKED BY	SPFO	DATE

Budget Office Use Only		
Signature of Budget Officer		Date
J.V. From/To	J.V. By	Budget Office Date Stamp
J.V. Amount	J.V. Date	

Copies to: \* Position Control \* Payroll  
 \* Originating Department \* Dean/Director  
 \* HRS

FMP 08/08/05

WSU1162-GENEX106-0902

# POSITION ACTION / PRR

Check if this is a Position Review Request (PRR).  
Attach position description or questionnaire and organization chart.

WASHINGTON STATE UNIVERSITY  
Pullman, WA 99164-1041

See Business Policies and Procedures Manual 58.02.

1 Person to contact with questions Kim Robinson		2 Phone No. 335-6789		3 E-Mail Address krobinson@wsu.edu		4 Mail Code 1002		Posn Type	Tran Type	Control No.	5 Position No. 212345
6 WSU Organization Name - Department and College or Area CUB						7 File Number 2			8 Effective Date mm/dd/yy 1/1/2010		
9 Types of Actions Change permanent funding and department number. Temporarily expense on grant funding for month of January 2010						10 Position Location (if not Pullman)			11 Date Prepared mm/dd/yy 12/16/2009		
						12 Position Begin Date (mm/dd/yy)			13 Position End mm/dd/yy 99/99/99		
14 Reason for Action or Comments: (If PRR use additional pages as required) Position moved to a new department. Effort expended on grant for January. ID # 123448723 <b>Sample 2</b>											
NOTE: When completing an action supported by sponsored programs (11-14) enter the social security numbers of associated employees.											

## POSITION CONFIGURATION BEFORE CHANGE

15 Area 87	16 Dept 0087	17 Perm/Temp P	18 Title Description Office Assistant 3			19 Position Identifying Description Jones, K.					
20 Title Code 100J	21 Position Term (Mo.) 12	22 Cycle Start Date (Mo./Day) 07   01	23 Full Time Monthly Base Rate 2,789	24 Position Allocation % (Perm. Only) 100	25 Mo. Allocation Amt (Perm. Only) 2,789	26 Position Effort % 100	27 Range/Step 31L				

## PROPOSED POSITION CONFIGURATION AFTER CHANGE *(Complete only those items that change.)*

28 Area	29 Dept 2177	30 Perm/Temp	31 Title Description			32 Position Identifying Description					
33 Title Code	34 Position Term (Mo.)	35 Cycle Start Date (Mo./Day)	36 Full Time Monthly Base Rate	37 Position Allocation % (Perm. Only)	38 Mo. Allocation Amt (Perm. Only)	39 Position Effort %	40 Range/Step				

## ASSIGNMENT OF ACCOUNTS FOR POSITION

41 Admin Initials	42 Acct Area #	43 Expense Type	44 Fund	45 Sfund	46 Program	47 Budget	48 Project	49 Differential Amount	50 Assignment Percentage	51 Assignment Begin Date mm dd yy	52 Assignment End Date mm dd yy
		REG	001	01	06D	8501	0001		100		12/31/2009
		REG	145	01	11D	8501	1405		100	1/1/2010	01/31/2010
		REG	001	01	06B	7400	0003		100	2/1/2010	99/99/99

**Your signature at right means that:**  
 (1) You agree that a review should be done, and  
 (2) Monies are available to fund the request, or  
 (3) The abolishment or reduction of the position is justified due to lack of funding or lack of work.

55 Submitting Officer (PI for Sponsored Projects)	Signature X	Date
56 Director / Dean	Signature X	Date
57 Vice Pres. / Provost	Signature X	Date

Sponsored Programs Services Use Only					Budget Office Use Only		
BUDGET/PROJECT	LEAD DATE	CHECKED BY	SPFO	DATE	Signature of Budget Officer		
					Date		
					J.V. From/To	J.V. By	Budget Office Date Stamp
					J.V. Amount	J.V. Date	

Copies to: \* Position Control \* Payroll  
 \* Originating Department \* Dean/Director  
 \* HRS

FMP 08/08/05

WSU1162-GENEX106-0902

# POSITION ACTION / PRR

Check if this is a Position Review Request (PRR). Attach position description or questionnaire and organization chart.

WASHINGTON STATE UNIVERSITY  
Pullman, WA 99164-1041

See Business Policies and Procedures Manual 58.02.

1 Person to contact with questions Rick Cougster		2 Phone No. 335-9876		3 E-Mail Address rcougster@wsu.edu		4 Mail Code 4567		Posn Type	Tran Type	Control No.	5 Position No. 162759
6 WSU Organization Name - Department and College or Area College of Sciences						7 File Number 3			8 Effective Date mm/dd/yy 3/1/2010		
9 Types of Actions Add permanent chair stipend. Change title.						10 Position Location (if not Pullman)			11 Date Prepared mm/dd/yy 2/16/2010		
						12 Position Begin Date (mm/dd/yy)			13 Position End mm/dd/yy 99/99/99		
14 Reason for Action or Comments: (If PRR use additional pages as required) Dr. Williams appointed as chair effective 3/1/2010 ID # 35487566 Req # 2747 <b>Sample 3</b>											
NOTE: When completing an action supported by sponsored programs (11-14) enter the social security numbers of associated employees.											

## POSITION CONFIGURATION BEFORE CHANGE

15 Area 09	16 Dept 2134	17 Perm/Temp P	18 Title Description Professor			19 Position Identifying Description Williams, Jenet					
20 Title Code 0290	21 Position Term (Mo.) 12	22 Cycle Start Date (Mo./Day) 07   01	23 Full Time Monthly Base Rate 10,000	24 Position Allocation % (Perm. Only) 100	25 Mo. Allocation Amt (Perm. Only) 10,000	26 Position Effort % 100	27 Range/Step				

## PROPOSED POSITION CONFIGURATION AFTER CHANGE *(Complete only those items that change.)*

28 Area	29 Dept	30 Perm/Temp	31 Title Description Professor and Chair			32 Position Identifying Description					
33 Title Code 0293	34 Position Term (Mo.)	35 Cycle Start Date (Mo./Day)	36 Full Time Monthly Base Rate	37 Position Allocation % (Perm. Only)	38 Mo. Allocation Amt (Perm. Only) 11,000	39 Position Effort %	40 Range/Step				

## ASSIGNMENT OF ACCOUNTS FOR POSITION

41 Admin Initials	42 Acct Area #	43 Expense Type	44 Fund	45 Sfund	46 Program	47 Budget	48 Project	49 Differential Amount	50 Assignment Percentage	51 Assignment Begin Date mm dd yy	52 Assignment End Date mm dd yy
		REG	001	01	06D	5130	0003		100		99/99/99
		CHR	001	01	06D	5130	0003	1000		3/1/2010	99/99/99

**Your signature at right means that:**  
 (1) You agree that a review should be done, and  
 (2) Monies are available to fund the request, or  
 (3) The abolishment or reduction of the position is justified due to lack of funding or lack of work.

55 Submitting Officer (PI for Sponsored Projects)	Signature X	Date
56 Director / Dean	Signature X	Date
57 Vice Pres. / Provost	Signature X	Date

Sponsored Programs Services Use Only					Budget Office Use Only		
BUDGET/PROJECT	LEAD DATE	CHECKED BY	SPFO	DATE	Signature of Budget Officer		Date
					J.V. From/To	J.V. By	Budget Office Date Stamp
					J.V. Amount	J.V. Date	

Copies to: \* Position Control \* Payroll  
 \* Originating Department \* Dean/Director  
 \* HRS

FMP 08/08/05

WSU1162-GENEX106-0902



# EXPENSE ASSIGNMENT ACTION

WASHINGTON STATE UNIVERSITY  
Pullman, WA 99164-1041

See Business Policies and Procedures Manual 58.03.

FMP 02-06-09 WSU1260-GENEX118-0109

1 PERSON TO CONTACT WITH QUESTIONS Rick Cougster	2 PHONE NO. 335-9876	3 E-MAIL ID rcougster@wsu.edu	4 MAIL CODE 1041	5 FILE NUMBER 5	6 HOME AREA	7 DATE PREPARED mm dd yy 2/14/2008
8 WSU ORGANIZATION NAME (Department and College or Area) Budget Office						

CONTROL NO. (Position Control Use Only)	9 POSITION IDENTIFYING DESCRIPTION Williams, Kathy <input type="checkbox"/> Check box if changing description	10 POSITION NO. 88005	11 INCUMBENT WSU ID NO. 7344456
---	--	--------------------------	------------------------------------

12 ADMIN. INITIALS	13 ACCT AREA #	14 EXPENSE TYPE	15 FUND	16 SFUND	17 PROGRM	18 BUDGET	19 PROJECT	20 DIFFERENTIAL AMOUNT	21 ASSIGNMENT PERCENTAGE	22 ASSIGNMENT BEGIN DATE mm dd yy	23 ASSIGNMENT END DATE mm dd yy
		REG	001	01	09A	5333	5002		27 5000		10/15/2007
		REG	145	02	14L	5333	1202		10 0000		10/31/2007
		REG	145	02	14F	5333	0114		2 5000		10/31/2007
		REG	001	01	09A	5333	5002		40 0000	11/1/2007	10/31/2007
		REG	001	01	09A	5333	5002		5 0000	10/16/2007	10/31/2007
		REG	145	01	11P	5333	0043		22 5000	10/16/2007	11/15/2007
		REG	001	01	09A	5333	5002		17 5000	11/1/2007	11/15/2007
		REG	001	01	09A	5333	5002		40 0000	11/16/2007	06/30/2008
		REG	145	01	12P	5332	0044		10 0000		06/30/2008
		REG	001	01	09A	5333	5050		50 0000		06/30/2008

24 REASON FOR ACTION OR COMMENTS:  
Retroactive transfer of salaries effective 10/16/2007

Sample 5

NOTE: When completing an action supported by sponsored programs (11-14), enter the WSU ID numbers of the associated employees.

25 PRINCIPAL INVESTIGATOR NAME	SIGNATURE	DATE	26 APPOINTING AUTHORITY NAME	SIGNATURE	DATE
27 SPON. PROGRAMS OFFICER NAME	SIGNATURE	DATE	28 OTHER ADMINISTRATOR NAME	SIGNATURE	DATE

Sponsored Programs Services Use Only				
BUDGET/PROJECT	LEAD DATE	CHECKED BY	SPS	DATE

**NOTE: Justify any retroactive assignments on sponsored programs in the comments section or attach a separate letter.**

**Submit original to Position Control.**

# POSITION ACTION / PRR

Check if this is a Position Review Request (PRR). Attach position description or questionnaire and organization chart.

WASHINGTON STATE UNIVERSITY  
Pullman, WA 99164-1041

See Business Policies and Procedures Manual 58.02.

1 Person to contact with questions Rick Cougster		2 Phone No. 335-9876		3 E-Mail Address rcougster@wsu.edu		4 Mail Code 7512		Posn Type G		Tran Type		Control No.		5 Position No.	
6 WSU Organization Name - Department and College or Area College of Engineering						7 File Number 6				8 Effective Date mm/dd/yy 3/1/2010					
9 Types of Actions Create a group teaching assistant position						10 Position Location (if not Pullman)				11 Date Prepared mm/dd/yy 2/16/2010					
						12 Position Begin Date (mm/dd/yy) 3/1/2010				13 Position End mm/dd/yy 99/99/99					
14 Reason for Action or Comments: (If PRR use additional pages as required)															

**Sample 6**

NOTE: When completing an action supported by sponsored programs (11-14) enter the social security numbers of associated employees.

## POSITION CONFIGURATION BEFORE CHANGE

15 Area		16 Dept		17 Perm/Temp		18 Title Description				19 Position Identifying Description					
20 Title Code		21 Position Term (Mo.)		22 Cycle Start Date (Mo./Day)		23 Full Time Monthly Base Rate		24 Position Allocation % (Perm. Only)		25 Mo. Allocation Amt (Perm. Only)		26 Position Effort %		27 Range/Step	

## PROPOSED POSITION CONFIGURATION AFTER CHANGE *(Complete only those items that change.)*

28 Area 53		29 Dept 0053		30 Perm/Temp P		31 Title Description Teaching Assistant				32 Position Identifying Description Acad TA Group 13.5					
33 Title Code 9901		34 Position Term (Mo.) 9		35 Cycle Start Date (Mo./Day) 08   16		36 Full Time Monthly Base Rate 35,501		37 Position Allocation % (Perm. Only) 100		38 Mo. Allocation Amt (Perm. Only) 35,501		39 Position Effort % 1,350		40 Range/Step	

## ASSIGNMENT OF ACCOUNTS FOR POSITION

41 Admin Initials	42 Acct Area #	43 Expense Type	44 Fund	45 Sfund	46 Program	47 Budget	48 Project	49 Differential Amount	50 Assignment Percentage	51 Assignment Begin Date mm dd yy	52 Assignment End Date mm dd yy
		R/T	001	01	06D	5350	0001		100	3/1/2010	99/99/99

**Your signature at right means that:**  
 (1) You agree that a review should be done, and  
 (2) Monies are available to fund the request, or  
 (3) The abolishment or reduction of the position is justified due to lack of funding or lack of wok.

55 Submitting Officer (PI for Sponsored Projects)	Signature X	Date
56 Director / Dean	Signature X	Date
57 Vice Pres. / Provost	Signature X	Date

Sponsored Programs Services Use Only					Budget Office Use Only		
BUDGET/PROJECT	LEAD DATE	CHECKED BY	SPFO	DATE	Signature of Budget Officer		
					Date		
					J.V. From/To	J.V. By	Budget Office Date Stamp
					J.V. Amount	J.V. Date	

Copies to: \* Position Control \* Payroll  
 \* Originating Department \* Dean/Director  
 \* HRS

FMP 08/08/05

WSU1162-GENEX106-0902