Position Control (Part 2) Sample Forms

(Completed forms for in-class examples)

February 2009

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POSITION							Attach p		Position Reverse escription or				ASHINGTOI Ilman, WA 9		TE UNIVERSITY 1041				
See Business											Posn Type	Tran Type	Control No.	5	Position No.				
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(3) The abolis	hmer	nt or reduct to lack o fu	tion of the	e positi	on is	56 Direct	or / Dean				Signature X				Date				
						57 Vice F	Pres. / Provos	st			Signature X				Date				
Sponsored									Budget Office		-								
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NOTE:	When co	mpleting a	n action su	pported	d by spons	ored progra	ams (11-14) e	enter the s	ocial se	curity nur	mbers of	f associated	employee	es.			
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(2) Mon	ies are av	ailable to	t means to should be fund the re	quest,	or		itting Officer ((PI for Spo	onsored	Projects)	Signature X				Date	
(3) The abolishment or reduction of the position is justified due to lack o funding or lack of wok.						56 Direct	tor / Dean					Signature X				Date	
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EXPENSE ASSIGNMENT ACTION

WASHINGTON STATE UNIVERSITY Pullman, WA 99164-1041

See Busin	ess Poli	cies and Pro	ocedur	es Manu	ual 58.03	i.										U1260-GENEX118-01
1 PERSON	TO CON	TACT WITH	QUEST	IONS	2 PHON	E NO.	3 E-M	AIL ID		4 MAIL CODE	FILE NUM			7 DATE PREPARED		
Rick Co	noster				335-9876 rc			oster@\	wsu.edu	7774		۷	L			2/16/2010
		ION NAME (Departn	nent and			Treou	5001(00,	wsu.cau	,,,,						2/10/2010
Budget	Office															
CONTR]	9 POSIT	ION IDE	NTIFYIN	G DESCRI	PTION		10 POSIT	11 INCUMBENT							
		Dotors	Doug			Check if chan	box		0.7	WSU ID NO.						
					J —		Peters, Doug			Check box if changing description				052		800411
12 ADMIN. INITIALS	13 ACCT AREA#	14 EXPENSE	ГҮРЕ	15 FUND	16 SFUND	17 PROGRM	18 BUDG	SET PRO	19 20 DJECT DIFFERENTIAL AMOUNT		AL .	21 ASSIGNI PERCEN	MENT ITAGE	22 ASSIC BEGIN mm	DATE	23 ASSIGNMENT END DATE mm dd yy
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24 REASO	N FOR A	CTION OR C	OMME	NTS:												
Stipend	for add	itional dut	ies													
REQ# 8	8513															
															8	Sample 4
NOTE: WI	hen comp	leting an acti	on supp	orted by	sponsore	d program	s (11-14), enter th	ne WSU ID	numbers of th	ne ass	ociated em	ployees	s.		
25 PRINCIPA	AL INVEST	IGATOR NAME		SIGNATU	JRE			DATE	26 APPO	INTING AUTHO	RITYN	IAME	SIGNAT	ΓURE		DATE
ZI SPUN. PI	KUGRAMS	OFFICER NAM	viE	SIGNATU	JKE			DATE	28 OTHE	R ADMINISTRA	NIOR N	AIVIE	SIGNAT	UKE		DATE
	S	ponsored F	rogra	ms Ser	vices Us	e Only										
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EXPENSE ASSIGNMENT ACTION

WASHINGTON STATE UNIVERSITY Pullman, WA 99164-1041

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 2 PHONE NO. 4 MAIL CODE 5 FILE NUMBER 6 HOME AREA 7 DATE PREPARED 3 E-MAIL ID mm dd Rick Cougster 335-9876 rcougster@wsu.edu 1041 5 2/14/2008 8 WSU ORGANIZATION NAME (Department and College or Area) **Budget Office** CONTROL NO. (Position Control Use Only) 9 POSITION IDENTIFYING DESCRIPTION 10 POSITION NO. 1 INCUMBENT WSU ID NO. Check box if changing description Williams, Kathy 88005 7344456 23 ASSIGNMENT END DATE mm dd yy 21 ASSIGNMENT PERCENTAGE 22 ASSIGNMENT BEGIN DATE 13 ACCT AREA# 15 FUND 16 SFUND 20 DIFFERENTIAL AMOUNT 19 PROJECT 17 PROGRM 18 BUDGET 14 EXPENSE TYPE 12 ADMIN INITIALS dd yy 27|5000 REG 001 01 09A 5333 5002 10/15/2007 10,0000 **REG** 145 02 14L 5333 1202 10/31/2007 2 5000 **REG** 145 14F 5333 0114 10/31/2007 02 40 0000 001 09A 5333 5002 11/1/2007 10/31/2007 REG 01 REG 001 01 09A 5333 5002 5 0000 10/16/2007 10/31/2007 22 5000 145 11P 5333 0043 10/16/2007 11/15/2007 **REG** 01 17 5000 **REG** 001 01 09A 5333 5002 11/1/2007 11/15/2007 001 40 0000 **REG** 01 09A 5333 5002 11/16/2007 06/30/2008 10 0000 **REG** 145 01 12P 5332 0044 06/30/2008 50 0000 06/30/2008 **REG** 001 01 09A 5333 5050 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 DATE 27 SPON. PROGRAMS OFFICER NAME SIGNATURE DATE 28 OTHER ADMINISTRATOR NAME SIGNATURE Sponsored Programs Services Use Only BUDGET/PROJECT LEAD DATE | CHECKED BY SPS DATE NOTE: Justify any retroactive assignments on sponsored programs in the comments secton or attach a separate letter.

Submit original to Position Control.

		N ACT					Check if Attach poorganiza	osition de	escriptio			est (PRR) naire and		ASHINGTO Ilman, WA		ATE UNIVERS -1041	SITY	
		olicies and l										Posn Type	Tran Type	Control No.	5	Position No.		
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14 Reas	on for Ac	ction or Comn	nents: (If	PRR	use additio	nal pages	as required)							S	amp	le 6		
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(1) You	agree tha	e at right mat a review sh	nould be do	one, a	and	55 Subm	nitting Officer ((PI for Spo	onsored F	Projects)	Signature				Da	te	
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