

Position Control (Part 1)

Exercise Solutions

February 2011

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. 335-6699	3 E-Mail Address krobinson@wsu.edu	4 Mail Code 1002	Posn Type	Tran Type	Control No.	5 Position No.
6 WSU Organization Name - Department and College or Area College of Business Education				7 File Number 8		8 Effective Date mm/dd/yy 02/16/2009	
9 Types of Actions Create a new civil service position				10 Position Location (if not Pullman)		11 Date Prepared mm/dd/yy 02/10/2009	
				12 Position Begin Date (mm/dd/yy) 02/16/2009		13 Position End mm/dd/yy 99/99/99	
14 Reason for Action or Comments: (If PRR use additional pages as required) Organizational change created need for new position Req # 2057 Exercise 1 solution							
NOTE: When completing an action supported by sponsored programs (11-14) enter the WSU ID 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 90	29 Dept 8710	30 Perm/Temp P	31 Title Description Administrative Assistant 3		32 Position Identifying Description Vacant		
33 Title Code 105G	34 Position Term (Mo.) 12	35 Cycle Start Date (Mo./Day) 07 01	36 Full Time Monthly Base Rate 2598.00	37 Position Allocation % (Perm. Only) 100.00	38 Mo. Allocation Amt (Perm. Only) 2598.00	39 Position Effort % 100.00	40 Range/Step 39A

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	01B	4321	0002		100.00	02/16/2009	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 John Doe	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 Rick Cougster	2 Phone No. 335-9876	3 E-Mail Address rcougster@wsu.edu	4 Mail Code 1122	Posn Type	Tran Type	Control No.	5 Position No. 205796
6 WSU Organization Name - Department and College or Area Provost Office				7 File Number 18		8 Effective Date mm/dd/yy 04/01/2009	
9 Types of Actions Abolish Position				10 Position Location (if not Pullman)		11 Date Prepared mm/dd/yy 02/10/2009	
				12 Position Begin Date (mm/dd/yy)		13 Position End mm/dd/yy 03/31/2009	
14 Reason for Action or Comments: (if PRR use additional pages as required) Vacant position no longer needed							
Exercise 2 solution							
NOTE: When completing an action supported by sponsored programs (11-14) enter the WSU ID numbers of associated employees.							

POSITION CONFIGURATION BEFORE CHANGE

15 Area 37	16 Dept 2870	17 Perm/Temp T	18 Title Description Staff Assistant		19 Position Identifying Description Vacant		
20 Title Code 9905	21 Position Term (Mo.) 9	22 Cycle Start Date (Mo./Day) 08 16	23 Full Time Monthly Base Rate 2586.00	24 Position Allocation % (Perm. Only)	25 Mo. Allocation Amt (Perm. Only)	26 Position Effort % 50.00	27 Range/Step

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

28 Area	29 Dept	30 Perm/Temp	31 Title Description		32 Position Identifying Description Abolished		
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
		R/T	148	05	02A	7654	7778		50.00		03/31/2009

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) John Doe	Signature X	Date
56 Director / Dean Jane Smith	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

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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. 335-2468	3 E-Mail Address krobinson@wsu.edu	4 Mail Code 2003	Posn Type	Tran Type	Control No.	5 Position No. 278000
6 WSU Organization Name - Department and College or Area College of Business Education				7 File Number 19		8 Effective Date mm/dd/yy 02/01/2009	
9 Types of Actions Change in position allocation and identifying description. Change assignment of accounts				10 Position Location (if not Pullman)		11 Date Prepared mm/dd/yy 01/18/2009	
				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) New hire on 2/1/09 at lower FTE Req# 2107 ID# 42852462 Exercise 4 solution							
NOTE: When completing an action supported by sponsored programs (11-14) enter the WSU ID numbers of associated employees.							

POSITION CONFIGURATION BEFORE CHANGE

15 Area 29	16 Dept 0029	17 Perm/Temp P	18 Title Description Office Assistant 3		19 Position Identifying Description Vacant (Nice)		
20 Title Code 100J	21 Position Term (Mo.) 12	22 Cycle Start Date (Mo./Day) 07 01	23 Full Time Monthly Base Rate 2161.00	24 Position Allocation % (Perm. Only) 100.00	25 Mo. Allocation Amt (Perm. Only) 2161.00	26 Position Effort % 100.00	27 Range/Step 31A

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

28 Area	29 Dept	30 Perm/Temp	31 Title Description		32 Position Identifying Description Jackson, Vicki		
33 Title Code	34 Position Term (Mo.)	35 Cycle Start Date (Mo./Day)	36 Full Time Monthly Base Rate	37 Position Allocation % (Perm. Only) 80.00	38 Mo. Allocation Amt (Perm. Only) 1728.00	39 Position Effort % 80.00	40 Range/Step

ASSIGNMENT OF ACCOUNTS FOR POSITION

41 Admin Initials	42 Accnt Area #	43 Expense Type	44 Fund	45 Sfund	46 Progrm	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		100.00		01/31/2009
		REG	001	01	01B	1148	0002		80.00	02/01/2009	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) K. Robinson	Signature X	Date
56 Director / Dean Jane Doe	Signature X	Date
57 Vice Pres. / Provost Jerry Smith	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	

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 * Originating Department * Dean/Director
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