

Position Control (Part 1)

Forms for Exercises

(Blank forms for in-class exercises)

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	2 Phone No.	3 E-Mail Address	4 Mail Code	Posn Type	Tran Type	Control No.	5 Position No.
6 WSU Organization Name - Department and College or Area				7 File Number		8 Effective Date mm/dd/yy	
9 Types of Actions				10 Position Location (if not Pullman)		11 Date Prepared mm/dd/yy	
				12 Position Begin Date (mm/dd/yy)		13 Position End mm/dd/yy	
14 Reason for Action or Comments: (If PRR use additional pages as required)							
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	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 Stfund	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

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	Date
	X	
56 Director / Dean	Signature	Date
	X	
57 Vice Pres. / Provost	Signature	Date
	X	

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

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	X	
57 Vice Pres. / Provost	Signature	Date
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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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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	2 PHONE NO.	3 E-MAIL ID	4 MAIL CODE	5 FILE NUMBER	6 HOME AREA	7 DATE PREPARED mm dd yy
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8 WSU ORGANIZATION NAME (Department and College or Area)
Budget Office

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

24 REASON FOR ACTION OR COMMENTS:

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
			Mary Smith		
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.

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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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