

**Position Control (Part 1)**

# **Sample Forms**

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

**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 Rick Cougster	2 Phone No. 335-1234	3 E-Mail Address rcoug@wsu.edu	4 Mail Code 9876	Posn Type	Tran Type	Control No.	5 Position No.
6 WSU Organization Name - Department and College or Area Athletics				7 File Number 1		8 Effective Date mm/dd/yy 03/01/2009	
9 Types of Actions Create new faculty position				10 Position Location (if not Pullman)		11 Date Prepared mm/dd/yy 2/10/2009	
				12 Position Begin Date (mm/dd/yy) 3/1/2009		13 Position End mm/dd/yy 12/31/49	
14 Reason for Action or Comments: (If PRR use additional pages as required) Hiring new temporary faculty to help instruct in PC101							<b>Sample 1</b>

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 47	29 Dept 4210	30 Perm/Temp T	31 Title Description Instructor		32 Position Identifying Description Vacant		
33 Title Code 0260	34 Position Term (Mo.) 9	35 Cycle Start Date (Mo./Day) 08   16	36 Full Time Monthly Base Rate 2268	37 Position Allocation % (Perm. Only)	38 Mo. Allocation Amt (Perm. Only)	39 Position Effort % 50.00	40 Range/Step

### ASSIGNMENT OF ACCOUNTS FOR POSITION

41 Admin Initials	42 Acct 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
		RGA	145	01	11D	2430	1415		50.00	03/01/2009	05/15/2010

**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 Mary 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

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. 335-1234	3 E-Mail Address rcoug@wsu.edu	4 Mail Code 9876	Posn Type	Tran Type	Control No.	5 Position No.
6 WSU Organization Name - Department and College or Area Budget Office				7 File Number 2		8 Effective Date mm/dd/yy 03/01/2009	
9 Types of Actions Establish a skeletal position				10 Position Location (if not Pullman)		11 Date Prepared mm/dd/yy 2/10/2009	
				12 Position Begin Date (mm/dd/yy) 3/1/2009		13 Position End mm/dd/yy 99/99/99	
14 Reason for Action or Comments: (If PRR use additional pages as required) Need Communications Consultant to assist with manuscript preparation      Req # 2025 <b>Sample 2</b>							

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 47	29 Dept 4210	30 Perm/Temp P	31 Title Description Communications Consultant I		32 Position Identifying Description Vacant		
33 Title Code 197I	34 Position Term (Mo.) 10	35 Cycle Start Date (Mo./Day) 08   01	36 Full Time Monthly Base Rate 2482	37 Position Allocation % (Perm. Only) 100	38 Mo. Allocation Amt (Perm. Only) 2482	39 Position Effort % 100.00	40 Range/Step 37A

## ASSIGNMENT OF ACCOUNTS FOR POSITION

41 Admin Initials	42 Acct 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
		RGC	001	01	06D	2430	0001		100.00	03/01/2009	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) John Doe	Signature X	Date
56 Director / Dean Mary 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

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. 333-2211	3 E-MAIL ID rcougster@wsu.edu	4 MAIL CODE 1041	5 FILE NUMBER	6 HOME AREA 87	7 DATE PREPARED mm dd yy 02/10/2010
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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 Jackson, Vicki <input type="checkbox"/> Check box if changing description	10 POSITION NO. 201999	11 INCUMBENT WSU ID NO. 12345678
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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
		R/T	145	01	11D	2430	1415		50 0000		4/30/2010
		R/T	001	01	04B	5130	5151		50 0000	5/1/2010	5/15/2010

24 REASON FOR ACTION OR COMMENTS:  
To remove grad student from grant funds and expend on accrual dollars. Sample 3

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
27 SPON. PROGRAMS OFFICER NAME	SIGNATURE	DATE

26 APPOINTING AUTHORITY NAME Mary Smith	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 Kim Robinson	2 Phone No. 335-6669	3 E-Mail Address krobinson@wsu.edu	4 Mail Code 1002	Posn Type	Tran Type	Control No.	5 Position No. 232221
6 WSU Organization Name - Department and College or Area College of Business Education				7 File Number 3		8 Effective Date mm/dd/yy 02/01/2009	
9 Types of Actions Abolish Position				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 01/31/2009	
14 Reason for Action or Comments: (If PRR use additional pages as required) Lack of funds							

**Sample 4**

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 72	16 Dept 0072	17 Perm/Temp P	18 Title Description Office Assistant 3		19 Position Identifying Description Nice, K		
20 Title Code 100J	21 Position Term (Mo.) 12	22 Cycle Start Date (Mo./Day) 07   01	23 Full Time Monthly Base Rate 2161	24 Position Allocation % (Perm. Only) 100	25 Mo. Allocation Amt (Perm. Only) 2161	26 Position Effort % 100	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 Abolished		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 Progm	47 Budget	48 Project	49 Differential Amount	50 Assignment Percentage	51 Assignment Begin Date mm dd yy	52 Assignment End Date mm dd yy
	72	REG	001	01	06D	8501	0001		100		01/31/2009

**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)	Signature X	Date
56 Director / Dean John Doe	Signature X	Date
57 Vice Pres. / Provost	Signature X	Date

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. 335-0001	3 E-Mail Address rcougster@wsu.edu	4 Mail Code 1122	Posn Type	Tran Type	Control No.	5 Position No. 200570
6 WSU Organization Name - Department and College or Area Budget Office				7 File Number 6		8 Effective Date mm/dd/yy 04/01/2009	
9 Types of Actions Change position from permanent to temporary				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 12/31/49	
14 Reason for Action or Comments: (If PRR use additional pages as required) Permanent budget cut ID # 43886222 <b>Sample 6</b> 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 09	16 Dept 1234	17 Perm/Temp P	18 Title Description Communications Consultant 1		19 Position Identifying Description Franklin, David		
20 Title Code 197I	21 Position Term (Mo.) 10	22 Cycle Start Date (Mo./Day) 08   01	23 Full Time Monthly Base Rate 2482.00	24 Position Allocation % (Perm. Only) 100.00	25 Mo. Allocation Amt (Perm. Only) 2482.00	26 Position Effort % 100.00	27 Range/Step 37A

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

28 Area	29 Dept	30 Perm/Temp T	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) 0.00	38 Mo. Allocation Amt (Perm. Only) 0.00	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 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
		RGC	001	01	06D	2430	0001		100.00		06/30/2010

**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 Mary Smith	Signature X	Date
57 Vice Pres. / Provost	Signature X	Date

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

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# POSITION ACTION / PRR

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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. 208000
6 WSU Organization Name - Department and College or Area College of Business Education				7 File Number 7		8 Effective Date mm/dd/yy 03/01/2009	
9 Types of Actions Change permanent funding and department number				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 99/99/99	
14 Reason for Action or Comments: (if PRR use additional pages as required) Position moved to new department ID# 43886822							
<b>Sample 7</b>							
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 72	16 Dept 0072	17 Perm/Temp P	18 Title Description Office Assistant 3		19 Position Identifying Description Nice, K		
20 Title Code 100J	21 Position Term (Mo.) 12	22 Cycle Start Date (Mo./Day) 07   01	23 Full Time Monthly Base Rate 2724.00	24 Position Allocation % (Perm. Only) 100.00	25 Mo. Allocation Amt (Perm. Only) 2724.00	26 Position Effort % 100.00	27 Range/Step 31K

## 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		100.00		02/28/2009
		REG	001	01	06B	7400	0003		100.00	03/01/2009	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)	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

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