

# Request for Organization – Modification

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## **DEFINITION**

The Request for Organization-Modification form is used to change (move) a position's location or to change (reassign) the position's reporting relationship (supervisor/manager).

## **INSTRUCTIONS**

**PLEASE COMPLETE 1 FORM per POSITION (and 1 Position per form).**

- 1<sup>st</sup> Step      Use **CURRENT RECORDS/INFORMATION** to complete item 'A:' on this form.
- 2<sup>nd</sup> Step      Complete item 'B:' to identify the position and the organization modification.
- 3<sup>rd</sup> Step      Summarize the reason for the requested modification (what, when, where and why) in item 'C:' on this form.
- 4<sup>th</sup> Step      Print the completed Organization – Modification form.
- 5<sup>th</sup> Step      Obtain required signatures for item 'D:' (*do not complete* item 'E:').
- 6<sup>th</sup> Step      Attach completed PAS Sheet if this position is not vacant. **Any changes to Funding Source and GL should be NOTED ON THE PAS Sheet.**
- 7<sup>th</sup> Step      Send completed form and PAS Sheet to District Office Human Resources Department, attention: Employee Relations, Classification.

**item 'E:' is to be completed by Human Resources only.**

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# Request for Organization – Modification

## A: Current position information:

POSITION #: \_\_\_\_\_ Campus/Location \_\_\_\_\_ Date Changes \_\_\_\_\_  
6 digit # Department Code: \_\_\_\_\_ Effective: \_\_\_\_\_  
(use Colleague Dept/Location Code) (mm/dd/yyyy)

CHECK BOX IF POSITION IS VACANT  OR Incumbent's Name: \_\_\_\_\_

## B: The following Organization Modification is requested: (check 1 OR 2 below)

1. MOVE supervisory or management position with/without incumbent (no change in duties).

Change campus AND/OR Change immediate  
location/department TO \_\_\_\_\_ Supervisor/Manager TO \_\_\_\_\_  
(use Colleague Dept/Location code) (use Immediate Supervisor/Manager NAME)

Chancellor's Approval is required to reassign, transfer  
or move supervisory or management positions/incumbents.

Chancellor's Signature

2. MOVE non-supervisory/non-management position with/without incumbent (no change in duties).

Change campus AND/OR Change immediate  
location/department TO \_\_\_\_\_ Supervisor/Manager TO \_\_\_\_\_  
(use Colleague Dept/Location code) (use Immediate Supervisor/Manager NAME)

## C: Summarize the reason(s) for the requested modification.

## D: Obtain the required wet signatures below:

Requesting Manager: \_\_\_\_\_  
Name (wet ink) Signature

Executive (President/Vice Chancellor): \_\_\_\_\_  
(wet ink) Signature mm/dd/yyyy

## The remainder of this form is to be completed by Human Resources & Position Control

### E:

CLASSIFICATION REVIEW Approval/Comments:  
BY \_\_\_\_\_ DATE: \_\_\_\_\_

Edit/Correct/Mark-Up PASS

Forward PASS to Position Control

POSITION CONTROL REVIEW Approval/Comments:  
BY \_\_\_\_\_ DATE: \_\_\_\_\_

New sequential Colleague Position\_ID \_\_\_\_\_

Update Position Control spreadsheet

Copy to District Office Budget Director & Employee Relations

Forward PASS to Compensation

Copy Org-Mod to origin (VP Admin. Svcs./Department Administrative Assistant): \_\_\_\_\_ Date: \_\_\_\_\_