UC Agriculture and Natural Resources Staff Position Management Form											
		Once all apr	proval signatures c	obtained, submit to: hu	umanresources@ucanr	r.edu and track v	ia Servic	ceNow case.			
Initiator Name:				Initiator Email:				Submission Date	e:		
POSITION INFORMATION	ON										
Request Type:				Position Effective Date:			s	ServiceNow Case	#: HRC000		
Employee Class:				Proposed Payroll Title:			1	Proposed Job Cod	de:		
Department:				Proposed Start and End Dates:				% Time:	Salary Plan:		
<u>Location Code</u> :				Location Specifics: Office/Cubicle #				Fixed	Variable Salary Plan Info		
Supervisor Full Name:				Supervisor Position Number:	4	4			Information Populated By HR Ops if NEW; Populated by location if VACANCY		
Timesheet Approver Name:				Timesheet Approver Email:				Position Numb			
Backup Timesheet Approver Name:				Backup Timesheet Approver Email:				Position Stat	us:		
RECRUITMENT INFORM	MATION										
Identified Candidate:	Yes	No	Candidate Na	ime:		Rehire:	Yes	No	Working Title:		
Position Working with Youth:	Yes	No Fing	gerprint/ Backgrou Check Ty					Jo	b Posting Reviewer:		
Student Status:	Yes	No	Campus Enrol	iled:		Units Enrolled:	#	Exte	rnal Job Posting Sites:		
Position Desc. Submitted:	Yes	No	Posting Len Request	=							
JUSTIFICATION											
		•	•						For instance, if there are tle, pay rate, % FTE, account.		

BUDGET AND FINANCIAL INFORMATION											
Fur	nd Type:			<u>Composi</u> <u>Benefit Rat</u>		Provision Amount (\$):		New Provision:			
Fund Effect. Date	Fund End Date	Earn Chart of Account (Entity-Fund-Financial Dept-Purpose-Program-Project-Activity-Task-Award) Code							Pay Dist % (Must add up to 100% per Earn Code)		
*GL (Entity-F	und-Einancia	l Dent-Pu	urnose-Progr		wity)			TOTAL:			
*GL (Entity-Fund-Financial Dept-Purpose-Program-Project-Activity) PPM (*Entity-Fund-Financial Dept-Purpose-Program-Project-Activity-Task)											
Funding for Background Check/Fingerprint*: Funding for External Job Posting*:											
ROUTING INFORMATION											
Select the app	olicable routii	ng option	to ensure yo	ou receive appro	priate and timely approve						
Select Routing Flow* Statewide Program Research and Extension Center UCCE Administration						Administration Unit					
Identify Financial Control Point:						UCPath Departments a	nd Business Officer List				
SIGNATURE	S										
Please sign th	e form electr	onically a	ind send, by	email, to the ap	propriate parties. Missing	g signatures cc	ould mean significant delays i	n approval and processir	ıg.		
Supervis (1)	sor					Vice Provost (4b)	`				
Directo (2)	r					RPM@ucanr. edu (5)					
Financial Co	ontrol					HR (6)					
Statewide Pr Directo						Additional Approvals					

(4a)

STATEWIDE PROGRAM = Initiator -> Supervisor -> Director-> Financial Control -> SW Program Director -> RPM -> HR -> HR Ops
REC = Initiator -> Supervisor -> Director-> Financial Control -> Vice Provost -> Financial Control -> RPM -> HR -> HR Ops
ALL OTHERS = Initiator -> Supervisor -> Director-> Financial Control -> RPM -> HR Ops

^{*}Routing Flow: