

MONTGOMERY COUNTY PUBLIC SCHOOLS

Position Change

Office of Finance
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

Budget Use Only

Log #: _____

HRIS Date: ___/___/___

Initials: _____

This form is used to change the Full Time Equivalent (FTE) for a position in the Lawson Human Resources Information System (HRIS). To change any aspect of an employee's record, contact the Office of Human Resources and Development.

PART 1: FTE ADJUSTMENT ON A POSITION

NOTE: A change to the budget FTE is considered permanent. This change will be reflected in the operating budget. MCPS Form 210-1, *Request/Authorization for Movement of Funds and/or Positions** is required if the change affects the MCPS Business HUB (Cloud).

Begin Date: Required for All Actions ___/___/___

End Date: Required for Temporary Actions ___/___/___

FTE Decrease

Location Name _____ Position _____

Process level _____ Job Code _____ Sequence _____

Account Number _____
 Company _____ Accounting Unit _____ Account _____ Sub-Account _____

Job Code Description _____

Budget _____ - _____ = _____ Authorized _____ - _____ = _____
 Current FTE FTE Change New FTE Current FTE FTE Change New FTE

FTE Increase

Location Name _____ Position _____

Process level _____ Job Code _____ Sequence _____

Account Number _____
 Company _____ Accounting Unit _____ Account _____ Sub-Account _____

Job Code Description _____

Budget _____ + _____ = _____ Authorized _____ + _____ = _____
 Current FTE FTE Change New FTE Current FTE FTE Change New FTE

PART 2: REASON FOR CHANGE

Reason: Check one of the boxes and explain. Attach any pertinent documentation including approval memoranda, MCPS Form 210-1, *Request/Authorization for Movement of Funds and/or Positions*, MCPS Form 426-1, *Employee Change Request*, etc.

- | | |
|--|--|
| <input type="checkbox"/> Trade of one position for another | <input type="checkbox"/> Position reclassification or reconstitution |
| <input type="checkbox"/> New position creation | <input type="checkbox"/> Reorganization |
| <input type="checkbox"/> Non-budgeted Grant | <input type="checkbox"/> Higher Level Assignment (HLA) |
| <input type="checkbox"/> Budgeted Grant | Employee Name _____ |
| <input type="checkbox"/> Overhire | Employee ID _____ |

Explanation/Fiscal Impact

Signature of Originator _____ Date ___/___/___

Signature of Manager _____ Date ___/___/___

OFFICE OF FINANCE USE ONLY

Div. of Management and Budget Review

Position Exists: Yes No Form 210-1: Yes (please attach) No Account Build Date: ___/___/___

Budget Specialist, Print _____ Signature _____ Date ___/___/___

Div. of Management and Budget Approval (Required for all transactions)

Signature of Director _____ Date ___/___/___

Associate Superintendent of Finance (Required for overhires and change causing fiscal impact)

Signature _____ Date ___/___/___

INSTRUCTIONS FOR COMPLETING THE POSITION CHANGE FORM

This form must be completed to **change the budget or authorized FTE** on a position. This form is not to be used to make changes to an individual employee's hours, or to move an employee to a position with a different salary account. Please see employee change request form 426-1, for those changes.

PART 1:

FTE Adjustment on a position: You must include a begin date for all FTE adjustments. An end date is required if the adjustment is temporary (with an end date other than the end of the current fiscal year).

Location Name: Indicate the organization, function or location.

Position and Account Number: Indicate the position number that is being increased or decreased, and the associated lawson expense account. Refer to the MA272* report to verify the position number and the expense account. If you enter the incorrect position number, the FTE change that you are requesting will be made to the incorrect position.

Job Code Description: Enter the description for the job code.

FTE Increase/Decrease:

*Budget/Authorized **Current** FTE:* Enter the budget and authorized FTE in HRIS .

*Budget/Authorized FTE **Change**:* Enter the incremental change to the budget and authorized FTE in HRIS.

*Budget/Authorized **New** FTE:* Enter the budget and authorized FTE in HRIS after the requested change is made.

PART 2:

Reason for Change: Indicate the reason for the change and attach any supporting documentation.

Upon Completion: Route the completed form for signature by form originator and the appropriate account manager. Once these signature are obtained, you must send the form to the Div. of Management and Budget for Budget approval and action. If a position increase is being requested without a corresponding decrease, then the form must also be signed by the Associate Superintendent of Finance.

**An MA272 is a report listing, by "process level," Budgeted and Authorized positions, as well as the employees assigned to those positions. An MA272 report can be run at any time through the Human Resources Information System (HRIS/Lawson) to retrieve up-to-date information. Review both your Budgeted and Authorized positions, as well as the employees assigned to those positions, for accuracy. Contact your staffing specialist if you have any questions about employee assignments, and your budget specialist if you have questions about your budgeted or authorized FTEs, or the running of the MA272 report. (Full time Equivalent: Denotes the number of hours worked weekly divided by 40. For example, an employee who works 35 hours is a .75 FTE)*