

Position Change

Office of Finance
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Budget Use Only

Log #: _____

HCM Date: ____/____/____

Initials: _____

This form is used to change the Full Time Equivalent (FTE) for a position in the Human Capital Management (HCM) system. 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

Department Code: _____ Department Name: _____

Account Number:

Fund _____ Organization _____ Function _____ Location _____ Category _____ Natural Account _____ Project _____

Job Code: _____ Job Code Description: _____

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

FTE Increase

Department Code: _____ Department Name: _____

Account Number:

Fund _____ Organization _____ Function _____ Location _____ Category _____ Natural Account _____ Project _____

Job Code: _____ 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"/> Overhire |
| <input type="checkbox"/> New position creation | <input type="checkbox"/> Position reclassification or reconstitution |
| <input type="checkbox"/> Non-budgeted Grant | <input type="checkbox"/> Reorganization |
| <input type="checkbox"/> Budgeted Grant | |

Explanation/Fiscal Impact

Signature of Originator _____ Date ____/____/____

Signature of Manager _____ Date ____/____/____

OFFICE OF FINANCE USE ONLY

Division of Management and Budget Review

Form 210-1: ☐ Yes (please attach) ☐ No

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

Division of Management and Budget Approval (Required for all transactions)

Signature of Director _____ Date ____/____/____

Deputy Chief 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:

Begin Date/End Date: 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).

Department Code/Name: Enter the 5-digit department code and department name where the FTE will be adjusted.

Account Number: Enter the values associated with the expense account where the salary of the position is charged.

Job Code and Description: Enter the 4-digit job code and job description for which the FTE will be adjusted.

FTE Increase/Decrease: Review the Allocation and Positions Resources (APR) Report* in HCM to confirm the current Budget and Authorized FTE for where FTE needs to be adjusted.

*Budget/Authorized **Current** FTE:* Enter the budget and authorized FTE as shown in HCM.

*Budget/Authorized FTE **Change**:* Enter the incremental change to the budget and/or authorized FTE in HCM. Adjustments to budget FTE will only be approved if the change has been made permanently in the operating budget. Otherwise, only the authorized FTE should be adjusted.

*Budget/Authorized **New** FTE:* FTE amount will auto-calculate based on entries in the Current and Change fields. Ensure the amount shown reflects the total amount of FTE you expect to see in HCM 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 signatures are obtained, you must send the form to the Division of Management and Budget for 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.

*The APR Report provides a listing of jobs, and the respective funding sources, associated with a specific department. This information can be found on the Summary Tab of the report. For each job/funding source combination, the report will provide the current budget and authorized FTE, as well as the FTE associated with employees assigned to that specific combination. The Detail tab of the report will provide the listing of employees assigned to the various job/funding source combinations. The APR report can be run at any time through the Business HUB+/HCM system to retrieve up-to-date information. Review both the Budget 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 budget or authorized FTEs, or the running of the APR report.

Full time Equivalent: Denotes the number of hours worked weekly divided by 40. For example, an employee who works 35 hours is a .875 FTE