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| **Division/Office/Unit Requesting Action** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **C****ontact Name** | | | | | | | |  | | | | | | | | | Phone Number | | | | | | | | |  | | | | | | | | | | |
| **Effective Date** | | | | | | | |  | | | | | | | | | Position Number | | | | | | | | |  | | | | | | | | | | |
| **D****epartment ID Number** | | | | | | | |  | | | | | | | | | **Mail Drop ID Number** | | | | | | | | |  | | | | | | | | | | |
| **County Name/Code/ZIP** | | | | | | | |  | | | | | | | | | **Reports To** | | | | | | | | |  | | | | | | | | | | |
| **REQUESTED ACTION** (Type an “X” in all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Promotion** | | | | | | |  | | **New Position** | | | | |  | | | **Lateral Job Change** | | | | | | | |  | | | | **Grade/Job Change** | | | | | |
|  | | **Psn Level Reduction** | | | | | | |  | | **Disciplinary Demotion** | | | | |  | | | **Voluntary Demotion** | | | | | | | |  | | | |  | | | | | |
| **MISCELLANEOUS ACTION** (Type an “X” in all that apply and provide necessary information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Activate Psn** | | | | | | |  | | **Department ID Change** | | | | | | From | | | |  | | | | | | | | To | | |  | | | | |
|  | | **Inactivate Psn** | | | | | | |  | | **County/ZIP Change** | | | | | | From | | | |  | | | | | | | | To | | |  | | | | |
|  | |  | | | | | | |  | | **Mail Drop ID Change** | | | | | | From | | | | **427-010953** | | | | | | | | To | | | **127-185003** | | | | |
| **POSITION VACANT?** | | | | | | | | |  | | **YES** | | | | | |  | | | | **NO** (If No, complete the following Employee Data) | | | | | | | | | | | | | | | |
| **Employee Name/ID Number** | | | | | | | | |  | | | | | | | | | | | | | | | **Employee ID** | | | | | | | | |  | | | |
| **Current Monthly Salary** | | | | | | | | |  | | | | | | | | **New Monthly Salary** | | | | | | | | | | |  | | | | | | | | |
| CHANGE IN EXISTING POSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Job Title** | | | | |  | | | | | | | | | | | | | | | | | **Current Job Code** | | | | | | | | |  | | | | **PG** |  |
| **N****ew Job Title** | | | | |  | | | | | | | | | | | | | | | | | **New Job Code** | | | | | | | | |  | | | | **PG** |  |
| **CREATE A NEW POSITION** (Call OHRMD, 404-656-6763, to receive Control Number) | | | | | | | | | | | | | | | | | | CONTROL NUMBER | | | | | | | | | | |  | | | | | | | |
| Requested Job Title | | | | | |  | | | | | | | | | | | | | | | | **Job Code** | | | | | | | | |  | | | | **PG** |  |
| **NOTE: With the EXCEPTION of the following jobs, please submit a PMF or detailed listing stating the position’s specific duties and responsibilities. Also, please submit a CURRENT Organizational Chart, which clearly displays the subject position.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SSCM (14203)** | | | | | | | | | | **SSCM Associate (14212)** | | | | |  | | | | | | | | | | |  | | | | | | | | | | |
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| DIVISION/OFFICE/UNIT – REASON FOR REQUEST/COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Submitted By | | | |  | | | | | | | | | | | | | | | | | | | Date | | | | | | |  | | | | | | |
| Approved By | | | |  | | | | | | | | | | | | | | | | | | | Date | | | | | | |  | | | | | | |
| OR OHRMD USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Decision | | **Action/Reason** | | | | **FLSA** | | | | | **SCOA Type** | | **Drug Test** | | | | | |  | | | | | **Date Completed** | | | | | | | | | **Analyst** | | | |
|  | |  | | | |  | | | | |  | |  | | | | | |  | | | | |  | | | | | | | | |  | | | |
| **EMPLOYMENT & COMPENSATION SERVICES – NOTES/COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Form PA001 (Revised 02.10.16)