|  |  |
| --- | --- |
| **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)** |  |  |
|  |  |  |  |
| DIVISION/OFFICE/UNIT – REASON FOR REQUEST/COMMENTS |
|    |
| 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** |
|  |

 Form PA001 (Revised 02.10.16)