

# POSITION ACTION REQUEST

NEW JERSEY CIVIL SERVICE COMMISSION

OPM LOG Number →  
(FOR CIVIL SERVICE COMMISSION USE)

AUTHORIZATION Number →  
(FOR CIVIL SERVICE COMMISSION USE)

APPOINTING AUTHORITY →  
Control Number


**NOTE:** This request will be studied by the staff of the Civil Service Commission only if accompanied by a Position Classification Questionnaire (DPF-44) and an organization charting showing 1) the location of the position within the agency structure and its relationship to other positions; 2) the title of the position to which the requested position will report; and 3) the number of positions and titles, if any, which will report to the requested position.

➤➤➤➤➤INCOMPLETE REQUESTS WILL BE RETURNED➤➤➤➤➤

## A. TO BE COMPLETED BY REQUESTING AGENCY

Date	Department	Division/Bureau
Position Number	Budgeted Title, Range, and Code	Requested Title, Range, and Code
Incumbent	Social Security Number	Requested Effective Date
Account Number (org/fund/prog/obj) required		

## B. TYPE OF ACTION REQUESTED

1	<input type="checkbox"/> Reclassification	a. <input type="checkbox"/> upward	b. <input type="checkbox"/> downward	c. <input type="checkbox"/> lateral
2	<input type="checkbox"/> New Position	a. <input type="checkbox"/> permanent	b. <input type="checkbox"/> temporary	
3	<input type="checkbox"/> Abolish and Create			
4	<input type="checkbox"/> Temporary Downgrade of Budgeted Level Position (RTI)			
5	<input type="checkbox"/> Return to Budgeted Level of Position (RTP)			
6	<input type="checkbox"/> Early Retirement Backfill			

## C. IF REQUEST INVOLVES A PROJECT SPECIALIST, PROJECT SUPPORT SPECIALIST, OR TENTATIVE TITLE POSITION, COMPLETE

<input type="checkbox"/> Extension of PS/PSS (give Authorization Number for original establishment)	Tentative Title (Requested New Title)
Requested through date	Suggested Bargaining Unit and Salary Range
	Work Week

## D. IF REQUEST INVOLVES A TEMPORARY SERVICES POSITION, PLEASE COMPLETE

**Requested Salary Rates:**

From \$ \_\_\_\_\_ per \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_

NEW POSITION       CHANGE IN RATE(S)

## E. REQUESTING AGENCY COMMENTS (Attach additional sheets if necessary)

**I CERTIFY** that this request has undergone management and fiscal review, and has been authorized by the agency.

Agency Representative Approval → \_\_\_\_\_ Phone → \_\_\_\_\_ Date → \_\_\_\_\_

<b>FOR CIVIL SERVICE COMMISSION USE</b>		<b>PMIS TRANSACTION NUMBER</b>
Human Resource Consultant Signature		
Date		

<input type="checkbox"/> DISAPPROVED – Reason	<input type="checkbox"/> APPROVED
_____	Effective Date _____ thru _____
_____	Salary Rate or Bargaining Unit/Range
_____	Work Week: