

New/Change Position (PCN) Request Form

For Finance Office

Select Budget Year:

NEW POSITION REQUEST: (All fields required)

New Position Title: _____

Bargaining Unit: _____ ☐ Full-Time **OR** ☐ Part-Time

CHANGE POSITION REQUEST: (All fields required)

Current Position Title: _____

Current Position Control Number (PCN): _____

New Position Title: _____

Bargaining Unit: _____ ☐ Full-Time **OR** ☐ Part-Time

Reason: _____

****BUSINESS OFFICE USE****

New Position Control Number (PCN): _____

Funding Source: ORG _____ Object _____ Project _____

Administrator Signature

Date

***By submitting this form, I acknowledge I have received authorization by the Superintendent/Assistant Superintendent to change and/or add the above position.**