

## Position Management Action Page (PMAP)

Position #  Department #  Department Name   
 Contact Name  Contact Email   
 Contact Phone  Contact Mail Code  Requested Effective Date   
 Position Type:  A&P  USPS  Faculty  
 Action Requested:  This position is funded through time-limited funds.

| CURRENT STATUS   |                              | PROPOSED STATUS  |
|--|------------------------------|--|
|  | Job Code                     |  |
|  | Title                        |  |
|  | Working Title                |  |
|  | Union Code                   |  |
|  | Pay Band                     |  |
| <input type="checkbox"/> Non-Exempt <input type="checkbox"/> No FLSA                           | FLSA                         | <input type="checkbox"/> Non-Exempt <input type="checkbox"/> No FLSA                           |
| <input type="checkbox"/> Day (Majority of hours btwn 6AM & 6PM) <input type="checkbox"/> Other | Shift                        | <input type="checkbox"/> Day (Majority of hours btwn 6AM & 6PM) <input type="checkbox"/> Other |
|  | Working Hours                |  |
| /  | FTE / Standard Hours         | /  |
|  | Reports To Position #        |  |
|  | Department #                 |  |
|  | Funding Account Code         |  |
| /  | Location Code / Mail Code    | /  |
| /  | Bi-Weekly / Annual Salary    | /  |
|  | % Salary Increase / Decrease |  |

**Additional Information (background check, fingerprinting, confidentiality, financial disclosure or other requirements):**

**For Actions with Incumbent:** Incumbent Name  Employee ID   
 Eligible for Shift Differential  Eligible for On-Call Pay

**CONTRACT & GRANT FUNDED POSITIONS MUST HAVE PRIOR APPROVAL BY SPONSORED RESEARCH ACCOUNTING SERVICES**

**Funding Source:**  E&G Fund (110-299)  Auxiliary Fund (300)  Local Fund (600)  
 C&G Fund (520-599) *Stamp Required*  Other

**REQUIRED SIGNATURES**

|  |   |      |
|--|---|------|
| Incumbent Name                               | Incumbent Signature                               | Date |
| Immediate Supervisor Name                    | Immediate Supervisor Signature                    | Date |
| Dean, Director or Dept Head Name             | Dean, Director or Dept Head Signature             | Date |
| Appropriate Vice President or President Name | Appropriate Vice President or President Signature | Date |

**HUMAN RESOURCE USE ONLY**

|                       |      |                                |
|-----------------------|------|--------------------------------|
| HR Approver Signature | Date | <b>Approved Effective Date</b> |
|-----------------------|------|--------------------------------|

**USPS / A&P Positions:** Please contact Compensation / Classification Services for additional information at 850-644-4285.

**Faculty Positions:** Please contact the Office of Faculty Development and Advancement for additional information at 850-644-8786.