

LENOIR COUNTY POSITION ACTION FORM

INSTRUCTIONS

1. Submit this form and a copy of the position description for all requests to Lenoir County Human Resources Department by email attachment, or fax. Electronic signatures are acceptable.
2. Complete Sections 1, 2, 3, and 4, including signature of Department Manager.
3. Attach a copy of the organization chart as it will look if the position/classification request is approved.

1. **Dept./Office/Agency:** _____ Date Submitted: _____
Division/Unit/Section: _____

2. **Position Action Requested:**

Proposed/Requested Classification (if applicable): _____

Existing Position Classification (if applicable): _____

Is the position Vacant? Yes No

Name of Incumbent (if applicable): _____

Existing Position Number (if applicable): _____ Salary Grade: _____

Type of position: Permanent Temporary; End Date: _____ Part-time, hours /week: _____

Proposed Effective Date of the Position Action Request: _____

3. **Explanation:** (State the reason for the requested position action)

4. **Certification of request by Department Manager:** I hereby certify that sufficient funds have been budgeted and/or appropriated to support this requested personnel action.

Department Manager

Date

5. **Human Resources Action** (Approval by HR required for all actions to be effective):

Requested Action Approved Action Request Denied Action Revised and Approved as follows:

Classification: _____

Salary Grade _____ Position #: _____

Comments: _____

Human Resource Director

Date

6. **County Manager approval:** (County Manager Approval required before action to becomes official):

County Manager

Date
