Position Budget Information Form
*Required by Budget & Planning Office for all Reclassification Requests*

1. Workday Position Number: P __ __ __ __ __ __

2. CURRENT Position Data:
   - Fund/Dept/Account: __ __ / __ __ __ __ __ __ __ / __ __ __ __ __
   - Current Title: ________________________________________________________
   - Salary Range/Step: ______________________________________________________
   - Annual Salary: ________________________________________________________

3. REQUESTED Position Data:
   - Fund/Dept/Account: __ __ / __ __ __ __ __ __ __ / __ __ __ __ __
   - Requested Title: ________________________________________________________
   - Salary Range/Step: ______________________________________________________
   - Annual Salary: ________________________________________________________

4. Increased/decreased costs related to this action: __________________________

5. To cover an increase, transfer budget from:
   *(Must designate funds other than salary savings)*
   - Fund/Dept ID/Account: __ __ / __ __ __ __ __ __ __ / __ __ __ __ __

6. Approvals and Contact Information:
   - Requesting Department Signature: ___________________ Extension __________ Date __________
   - Budget Office Signature: ___________________ Extension __________ Date __________

FOR QUESTIONS ON THE ABOVE, BUDGET & PLANNING OFFICE CAN CONTACT:
   - NAME: ___________________ PHONE NUMBER: ___________________