



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: _____