
Position Budget Request Form

Action Requested: ☐ New Position ☐ Reclassification w/Salary Change ☐ Reclassification w/o Salary Change

Department:

Current Position Title:

Proposed Position Title:

Requested Classification:

Funding Source:

Proposed Salary Amount:

NEW POSITION INFORMATION

New/Reclassification of Position:

Please explain in detail the need for New Position/Reclassification. In addition, explain how funding will be obtained (i.e., closing position(s), grant, budget transfers, etc.) If this is a new position, please attach a job description, supporting data or a description of the need:

Final job title, job description, classification and pay will be determined by the Commissioners Court based on the Compensation plan.

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