



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

# Request for New Position Number or Change to Existing Position

*This form must be downloaded, and opened in Adobe Acrobat to utilize embedded functionality. Once completed the form may be signed digitally (see instructions below) and submitted using the Submit button on the page. It may also be printed, signed manually, and submitted electronically via e-mail to [budgetoffice@csudh.edu](mailto:budgetoffice@csudh.edu)*

**To:** Budget Office

**From:** \_\_\_\_\_  
 Name Department Name

\_\_\_\_\_  
 Signature Date (MM/DD/YY)

**Action 1:** Request for New Position: Yes No

**Previous Incumbents Name:** \_\_\_\_\_

**Action 2:** Request for Change to Existing Position No.: \_\_\_\_\_

**Explanation:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **HR Dept. ID:** \_\_\_\_\_  
 (MM/DD/YY)

**Appointment:** Regular Temporary **Assignment:** Full-Time Part-Time

**Job Code:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **FTE/TIME BASE:** \_\_\_\_\_ **Reports to Position No.:** \_\_\_\_\_

**IF LEC 2358 OR 2359** Part-Time Part-Time 3 Yrs. Full-Time Lecturer

### FINANCE CHART-FIELD VALUES:

Yes No

**Budgeted Position:** \_\_\_\_\_ **Funding Source:** \_\_\_\_\_

**Fund:** \_\_\_\_\_ **Dept. ID:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Project:** \_\_\_\_\_ **Account:** \_\_\_\_\_

**CSU PAYROLL UNIT:** \_\_\_\_\_ **CSU WORKING TITLE:** \_\_\_\_\_

<b>For Budget Office Use Only</b>		Position Number: _____
<b>Approve:</b> Yes No		Date Processed: _____