



Office of Human Resources

NEW POSITION/REORGANIZATION REQUEST

4901 E. Carson Street
Long Beach, CA 90808
562-938-4372

Number: _____

Instructions: Use this form and the reorganization process to make a permanent personnel change in your program or department. If additional documentation is necessary, please attach additional pages. **This form is used to request funding approval for new and reorganized positions. The steps in the process are: (1) Step 1: a new classification is approved by the Personnel Commission and (2) Step 2: the form should be filled out and attached to the NeoGov Requisition for a new or reorganized position.**

Department: _____ Campus: _____ Mail Code: _____ Extension (if available): _____
Supervisor/Manager _____

Job Title Assignment % & Months (eg. 45%, 10 mos)	Current Position	Proposed (NEW/REORG) Position

Reason for reorganization: _____

Effective date of New Position/Reorganization: _____

Specify budget impact – include exact amounts, or the best available estimate, and the source of funding:

RESTRICTED FUNDS GENERAL FUNDS OTHER FUND: FUND # _____
Special Prog. End Date: _____

	Salary		Benefits		Total
Current funding (annual salary/benefits available):	\$ _____	+	\$ _____	=	\$ _____ 0.00
Proposed annual salary/benefits cost:	\$ _____	+	\$ _____	=	\$ _____ 0.00
			Difference	=	\$ _____ 0.00

Source of Funding Account: _____

Account to be charged (if different): _____
(Attach necessary budget change forms)

Fiscal Services Comments: _____

Human Resources Comments: _____

Does this change affect more than one department/division? NO YES

If yes, please explain: _____

Requestor: _____ Date: _____

SIGNATURES AND APPROVAL DATES:	
Dean or Director Review/Approval:	Date:
Human Resources Review/Approval:	Date:
Fiscal Services Reviewed by:	Date:
Fiscal Services Approval:	Date:
Area Vice President:	Date:
Vice President, Administrative & Business Services:	Date:

REQUEST FOR NEW POSITION(S) AND REORGANIZATION NEED BUDGET APPROVAL FROM CABINET PRIOR TO FISCAL APPROVAL IN NEOGOV APPROVAL WORKFLOW.

Please note – You are required to attach both current and proposed organization charts (highlighting all positions affected, both current and proposed) with this form. If additional information is necessary, please provide an attachment.

Send the form to Sem Chao and Mary Olsen Bell to review before submitting for signatures using Adobe Sign. Attach the completed form to a NeoGov Requisition.