



POSITION CONTROL CHANGE FORM

District School Board of Pasco County

Date	Department	
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Position Change(s) Requested						
	Action Requested	Units	Job Class Code	Job Class Description	Effective Date	Location (Responsible Center)
1						
	Funding %	Fund Source		Account strip	Position # (if applicable)	Employee Number/Name (if applicable)
	(1)					
	(2)					
	(3)					

2						
	Funding %	Fund Source		Account strip	Position # (if applicable)	Employee Number/Name (if applicable)
	(1)					
	(2)					
	(3)					

3						
	Funding %	Fund Source		Account strip	Position # (if applicable)	Employee Number/Name (if applicable)
	(1)					
	(2)					
	(3)					

4						
	Funding %	Fund Source		Account strip	Position # (if applicable)	Employee Number/Name (if applicable)
	(1)					
	(2)					
	(3)					

Comments:

Approval Routing Instructions: Department → Grants Administration (if applicable) → Finance → Superintendent's Staff → Board (if applicable)

Authorizations			
Department Head	Date	Finance (coding)	Date
Grants Administration (DSFP)	Date	Superintendent's Staff	Date
Board Approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No			Date

Note: Board approval is required for net increases in position units and/or changes in fund source.

To be used by Position Control:
