

University of Arkansas at Little Rock
Position Number / Reclassification Form

This form *must* be completed on-line and e-mailed

1.) Contact Person: _____
 Phone: _____
 e-mail: _____ @ualr.edu

2.) **Requesting Department Information** Date _____
 Department/Unit Name: _____
 Position Title: _____ Annual Salary **OR** Hourly Rate: _____
 Explanation: _____

Effective Dates	Fund	Org	Acct	Prog	Actv	Loc	% Salary	Dollars Budgeted
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
							Total:	\$ _____

3.) **Funding Source** Use this section instead of a budget transfer form. Funds will be taken out of the FOAPAL listed below and put into the salary line listed in section 2.

Pos #	Fund	Org	Acct	Prog	Actv	Location
Pos #	Fund	Org	Acct	Prog	Actv	Location
Pos #	Fund	Org	Acct	Prog	Actv	Location
Pos #	Fund	Org	Acct	Prog	Actv	Location
Pos #	Fund	Org	Acct	Prog	Actv	Location
Pos #	Fund	Org	Acct	Prog	Actv	Location
Pos #	Fund	Org	Acct	Prog	Actv	Location

Account Name: _____ Name of Authorizer: _____

4.) **Employee Classification:** Full-time Part-time _____ %

<p>Non-instructional employee:</p> <input type="checkbox"/> Lecturer Non-Credit <input type="checkbox"/> Classified <input type="checkbox"/> Grad Assistant <input type="checkbox"/> Non-Classified (non-faculty) <input type="checkbox"/> Stipend <input type="checkbox"/> Non-Classified (faculty) <input type="checkbox"/> Extra Comp-Other <input type="checkbox"/> Extra Comp-Teaching <input type="checkbox"/> Summer Research	<p>Instructional employee:</p> <input type="checkbox"/> Faculty <input type="checkbox"/> Lecturer/Adjunct <input type="checkbox"/> Extra Comp-Teaching <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Summer III <input type="checkbox"/> Summer IV	<p>Hourly employee: Total hours worked <u>cannot</u> exceed 1500 per fiscal year.</p> <input type="checkbox"/> Work Study <input type="checkbox"/> Extra Labor <input type="checkbox"/> Student Labor
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5.) **Instructional Employees only:**
 9 month 10.5 month 12 month Semester Other

6.) **Employee Name** **T No.** _____
 (If Known) Last First MI

Current Position Number: _____ Current Position Title: _____

7.) **BUDGET USE ONLY**

Position Number: _____ Position Suffix: _____
 Position Number: _____ E-Class Code: _____
 Position Number: _____ State Title Code: _____
 Position Number: _____ Posn Class Code: _____

Name: _____ Date: _____

Comments: _____