UAB HEALTH SYSTEM

Knowledge that will change your world

DATE REQUESTED	____/____/____
EFFECTIVE DATE OF CHANGE	____/____/____

POSITION CHANGE FORM

☐ **Hospital Position**   ☐ **Health System Position**   ☐ **The Kirklin Clinic**

DEPARTMENT NAME _____   **ACCOUNT #** _____

ORGANIZATION # _____ **DISTRIBUTION #** _____ **JOB #** _____ **FTE** _____

JOB CODE & JOB TITLE ON BUDGET RECORD _____

I.

CHECK ONE		APPROVAL REQUIRED			
		Cost Center Mgr.	Cost Center Dir.	AVP	CEO
☐	Create New Unbudgeted Position In Oracle	Yes ☐	Yes ☐	Yes ☐	Yes ☐
☐	Create New Budgeted Position In Oracle	Yes ☐	Yes ☐	No ☐	No ☐
☐	Refill Budgeted Position Incumbent				

FULL TIME	PART TIME	3-12 HOUR	WEEK END	STAFFING POOL	TEMP	TEMP SVCS	IRREGULAR
_____	_____	_____	_____	_____	_____	_____	

NUMBER OF HOURS PER WEEK _____ **SHIFT** _____ **FTE** _____

II.   **CHANGE IN POSITION** ☐   **DELETE POSITION** ☐   **CHANGE OF TITLE** ☐

(Attach memo from Compensation reclassifying position.)

	Organization #	Job #	Dist. #	Acct.#	FTE	JOB TITLE	JOB CODE
FROM:							
TO:							

III. CONTACT PERSON: _____   **PHONE** _____

IV. APPROVALS:

SIGNATURE COST CENTER MANAGER	DATE	SIGNATURE AVP	DATE
SIGNATURE COST CENTER DIRECTOR	DATE	SIGNATURE CEO	DATE

RMS/ Personnel Support Services Use Only: **ORACLE Maintenance Complete**

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