



## New Position (FTE) Request Form

This form is designed to assist you in describing the new position you are requesting and the justification for creating the new position. As the user department and knowledgeable of the position, it is important that the needs for the duties and responsibilities of the position are outlined in the following form.

1. Department/Management completes this form to request creation of a new position.
2. Attach an updated org chart to this form that reflects the reporting line for this new position.
3. Submit all documents to Human Resources. HR will then submit the form to Finance for budgetary approval, to the Hay Committee for grading, and to the BOCC for final approval.

<b>Department Name</b>	<b>Division:</b> (i.e., Sheriff's Civil)

<b>Contact Information</b>	Name:	Email:
	Title:	Phone:

### 1. PROPOSED POSITION DETAILS

Suggested Working Title	Supervisor Name and Title	Position Type Contact HR w/Questions
		<input type="checkbox"/> CBA _____ <input type="checkbox"/> Non-Union <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt

<b>Appointment Type</b>	<b>Full-Time Equivalency</b>
<input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-time <input type="checkbox"/> Other: explain _____	Hours Per Week: _____ (40 Max) FTE: _____

**Position Purpose:** State in one or two sentences the primary purpose of the proposed position.

**Background:** The principal purpose or function of the requested new position.

A. Provide background detail as to why an additional position is needed. (i.e., changes to law, changes in work demand, department reorganization, etc.)

B. What will the position do? Please provide a detailed description of the position's duties and responsibilities, the estimated percentage of time spent in each, and any prerequisites necessary to perform the essential functions of this new position.

C. Are these duties and responsibilities currently being performed in the department?  YES  NO  
If yes, provide the position title, classification code and grade for the position already performing these duties.

\_\_\_\_\_

Position title

\_\_\_\_\_

Class Code

\_\_\_\_\_

Grade

D. What alternatives were considered? Please provide a description of alternative solutions considered before deciding on a new position, (i.e. changed to process, redistribution of work) and why the new position is considered the best solution.

E. Provide a department organizational chart showing how this new position will fit into the current department structure.

Attached Organizational chart?  YES  NO If no, please explain. \_\_\_\_\_

**2. POSITION JUSTIFICATION:** If approved, what impact would it have on your department and County business? What are the additional benefits for the taxpayers to have this new position?

**3. ADDITIONAL COMMENTS or ATTACHMENTS:**

**4. DEPARTMENT APPROVAL:**

I have reviewed and approve the contents of this new position description. I find the information provided is accurate and complete.

\_\_\_\_\_

Elected Official/Department Head Signature

\_\_\_\_\_

Date:

**5. HUMAN RESOURCES REVIEW AND RECOMMENDATIONS:**

Human Resources has reviewed the new position request and is recommending:

A current job classification exists within the Yellowstone County position classification system that is an appropriate job classification for the newly requested position based on the essential duties and responsibilities provided:  
 Classification title and Code: \_\_\_\_\_

A new job classification is necessary as there is not an existing job classification that adequately depicts the essential functions of the newly requested position. Please be aware that all new job classifications must be rated by the Hay Classification Committee and approved by the BOCC .

Human Resource Director Signature	Date:
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**6. HAY COMMITTEE REVIEW AND RECOMMENDATIONS:**

Proposed Grade:	Approved Grade: <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", recommended grade:
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Date:

**7. FINANCE REVIEW:**

Department:	Fund Number:
Will this be newly funded or will funds be redistributed within the current budget?	<input type="checkbox"/> New Budget <input type="checkbox"/> Redistributed
If position elimination, please provide position number & budgeted salary.	Class code # _____ Salary _____
Will this position be funded by a grant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If funded by a grant, when does the grant expire.	Date:

There is sufficient funding within the current department budget to fund this new position.

New funding is needed to fund this new position.

Finance Director Signature	Date:
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**8. BOCC APPROVAL:**

Chair Signature	Date:
Member Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
Member Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
Member Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove

Final step: Board Clerk will route copies to Human Resources, Finance and Originating Department.