**Request to Modify Non-permanent Position Form**

This form is used to modify non-permanent positions in the Online Position Description (OPD) and IRIS-HRM by Classification Services. **The only modifications allowed are listed in section 2.** All other actions are submitted through OPD.

Please submit this form to the Classification email at the Classification Section. Please allow 4 working days to process the action.

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| The four fields in section 1 below are required, otherwise update the fields where changes are needed, then certify in section 6 and submit form. |
| **Section 1 – General Information** |
| **PCN:** XX-XXXX **\*\*\*Requested Effective Date:** MM/DD/YY. | **Department:** Choose**Division:** Click here to enter text. |
| **\*\*\***The actual effective date will be based upon 2 AAC 07.035 (Effective Dates of Allocation Action). If the requested effective date must be that specific date, provide justification in Section 3 – Comments.  |

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| **Section 2 – Position Control information** |
| **Location:** Location.**Home Unit:** ZXXX.**Supervisor PCN:** XX-XXXX **(Interns Only) Change Level to:** XXXXXX  |

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| **Section 3 –Comments** |
| 1. If OMB and/or GOV Office approval is required, has it been received**? Select…** **NOTE:** Location changes when the position is filled may require additional approval. Consult with your departmental Human Resources Business Partner representative if you are unsure. 2. **Comments:** Click here to enter text. |

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| **Section 4 - Director or Designated Approving Authority** |
| **I certify that the Department Administrative Services Director (ASD) has approved the above information and appropriate paperwork is filed within the agency for documentation.**  |
| **Date:** MM/DD/YY. | **Printed Name:** Click here to enter text. |
| **Department Representative Signature** |        |
| **Section 5 – Classification Internal Processing** |
|  **Received:** Click here to enter text. **Completed:** Click here to enter text.  **Completed by:** Click here to enter text. |