

BEST Shared Services Position Request

Agency:	Contact Name:			
Phone #:	Email:			
Position Name:	Position #:			
Effective Date:				
Subarea:	Business Area:			
Create New Position	Re-establish Position	_Reference Position		
Reallocate Position Up	Abolish Position	_ Abolish Date		
Reallocate Position Down	Position Hours Change			
Reallocate Position Horizontal	Position Employee Group/Subgroup Change			
Position Adjustment from Authorization	Position Type			
Reallocate Position Differential	Position County Change			
Remove Position Differential	Change Supervisor of Position			
Position Transfer	Position Title Change	_ New Title		

EE Group

SPA 10M pd over 10M

EPA Bi-weekly SPA 10M pd over 12M SPA Law Enforcement

EPA Employees SPA 11M pd over 11M SPA LEO Bi-weekly

EPA Law Enforcement SPA 11M pd over 12M Supplemental Staff Grant

EPA LEO Bi-weekly SPA Bi-weekly Supplemental Staff

Judicial Branch SPA Bi-weekly Grant

SPA Employees

Position Request Rev. Date: 3/9/17



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EE Subgro	up		Payroll Area			
FT	S-FLSA	Perm	01 NC Monthly			
PT	N-FLSA	Temp	04 NC Biweekly			
		Time Limited	99 Non-payroll-relev	vant		
Hours Per Week	::	Judicial				
Company Code		Туре				
NC01			Emergency	Non Key		
NC02			Essential	Key with Replacements		
				Key without Replacements		
County:			SOC Code:			
Org Unit:						
Org Unit Number:						
Job:						
Job Number:			Journey -			
Reports To:	(Supervisor	Position Number)	Contributing			
	(Supervisor	rosition Number)				
Addresses						
		County:	State:			
			State:			
Courier addres	ss:					
			State:			

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	Eligi	ble?		
Over Time Compensation (9005)	Y	N	Immediate Payout	 Comp Aging Limit (days)
Holiday Payout Period (9006)	Y	N	Immediate Payout	 Comp Aging Limit (days)
On- Call (9011)	Y	N	On-Call Comp Accrual	\$ On-Call Rate
Callback (9012)	Y	N	Callback Accrual	
Night Shift Premium Rate (9007)	Y	N	%	
Evening Shift Premium Rate (9008)	Y	N	%	
Weekend Shift Premium Rate (9009)	Y	N	%	
Holiday Premium Rate (9010)	Y	N	%	
Extended Duty (9016)	Y	N	%	

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