**Create/Update a Position**

Use this form to create a new position or request an update to an existing position. Required fields are marked with an asterisk (\*). For assistance filling out this form, please reach out to your HR Administrator or reference the HR351 Managing Position Data job aid on the Cardinal website at: [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at vccc@vita.virginia.gov with "Cardinal" in the subject line.

*Please type or print legibly to prevent delay in processing.*

| **Position Details**  |
| --- |
| Position Number\* |  |
| Effective Date\*(MM/DD/YYYY) |  |
| Effective Sequence |  |
| Reason Code\*Choose one | [ ]  New Position[ ]  Demotion Perf or Discipline [ ]  Inter-Agency Reorg [ ]  Part-time in Lieu of Layoff[ ]  Job Reclass Downward [ ]  TWFR Partial (layoff)  | [ ]  Job Reclass Lateral [ ]  Reports To/Supv Change [ ]  Job Reclass Upward [ ]  Position Data Update[ ]  Position Inactivated   |
| Review Date(MM/DD/YYYY) |  |  |
| Position Months\* |  |
| STMT Economic Interest Reqd\* | [ ]  Y [ ]  N  |
| VPA Covered | [ ]  Y [ ]  N  |
| **Position Information** |  |
| Position Status\*Choose one | [ ]  Approved [ ]  Frozen [ ]  Proposed  |
| Max Head Count\* |  |
| Status as of Effective Date\*Choose one | [ ]  Active [ ]  Inactive  |

|  |  |
| --- | --- |
| SOC Code/Extension |  |
| Alternate Work Schedule | [ ]  Y [ ]  N  |
| Job Sharing Permitted | [ ]  Y [ ]  N  |
| Budgeted Position\* | [ ]  Y [ ]  N  |
| EEO-4 Job Category\*Choose one | [ ]  Administrative Support [ ]  No EEO-4 Reporting [ ]  Officials and Administrators[ ]  Paraprofessionals[ ]  Professionals  | [ ]  Protective Service [ ]  Service Maintenance[ ]  Skilled Craft[ ]  Technicians |
| Confidential Position | [ ]  Y [ ]  N  |
| Workers’ Comp Code |  |
| **Job Information** |
| Business Unit\* |  |
| Full/Part Time\*Choose one | [ ]  Full Time [ ]  Part Time [ ]  Quasi  |
| Job Code\* |  |
| Reg/Temp\*Choose one | [ ]  Regular [ ]  Temporary [ ]  Restricted  |
| Description |  |
| Title |  |
| **Work Location** |
| Company\* |  |
| Department\* |  |
| Location\* |  |
| Reports To\* (Time Approver) |  |
| Supervisor Position |  |
| Supervisor Level\*Choose one | [ ]  Employee [ ]  Faculty [ ]  Manager [ ]  Supervisor  |
| Appointed CategoryChoose one | [ ]  Board Appointed [ ]  Elected Official [ ]  Governor Appointed [ ]  Legislative  |
| FLSA StatusChoose one | [ ]  Professional [ ]  Nonexempt  |
| **Specific Information** |
| Agency Use 1 |  |
| Agency Use 2 |  |
| Agency Use 3 |  |
| License 1 |  |
| License 2 |  |
| License 3 |  |
| Physical RequirementChoose one | [ ]  Y [ ]  N  |
| Fingerprinting RequiredChoose one | [ ]  Y [ ]  N  |
| CertificationsChoose one | [ ]  Y [ ]  N  |
| Safety SensitiveChoose one | [ ]  Y [ ]  N  |
| LanguageChoose one | [ ]  Y [ ]  N  |
| Critical/Hard to HireChoose one | [ ]  Y [ ]  N  |
| Comments |  |