POSITION CONTROL FORM

This form is for requesting personnel action requiring Board action, e.g., new position in budget, permanent change in FTE, transfer of funds for salary, change in rate of pay, and/or eliminate or reclassify a position. Forward completed form to the Auditor.

Department and Division: HHSA Public Health Division

A. New Position in Budget

Requested Action	Table/ Grade	Position Class	Banner Position Number	Title	FTE	Banner Organization Number	Effective Date
CREATE	MG048	For Personnel Use	**SDVAOxx**	Staff Services Analyst III	1.0	401015	09/07/2020

Comments: The COVID-19ELC47 Enhancing Detection Funding Award covers the financing for this position

B. Budget Appropriation Adjustments

FROM				TO			
Fund	**Organization**	**Account**	**Dollar Amount**	**Fund**	**Organization**	**Account**	**Dollar Amount**
				TBD	401015	611100 REG	51,602
						621100 FICA	3,948
						621200 PERS	17,209
						621300	387
						621400	387
						622100 HLTH	20,916
						624100 MEDI	0
						TOTAL	94,449

Comments:

Signatures

Department Head: _____ Date: _____

Auditor: _____ Date: _____

Personnel: _____ Date: _____

Board Approval: ❑ No ❑ Yes Date: _____

County Clerk by: _____ Deputy

Distribution: White - Auditor; Yellow - Personnel; Pink - Requesting Department; Goldenrod - County Clerk Revised: 09/99