

DEPARTMENT/BOARD/COMMISSION

DIVISION/BRANCH/OFFICE

UNIT

FISCAL YEAR

TYPE OF REQUEST (Do not mix request types)

ABOLISH POSITION(S)

ESTABLISH POSITION(S)

**DESCRIPTION OF DUTIES, EXPLANATION OF NECESSITY, REASON FOR ABOLISHMENT, ETC.**

**POSITION INFORMATION**

POSITION NUMBER	CLASSIFICATION TITLE	EFFECTIVE DATE	END DATE
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**OFFICE OF FISCAL SERVICES**

BUDGET/CFS ANALYST	UNIT	PHONE
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SIGNATURE	DATE
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**OFFICE OF HUMAN RESOURCES**

POSITION CONTROL SPECIALIST	SIGNATURE	DATE
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