

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
CHANGE IN ESTABLISHED POSITIONS
STD. 607 (REV. 10/2019)


1 ROUTE TO: <input type="checkbox"/> Personnel/Payroll Services <input type="checkbox"/> Other (specify) _____		2 TYPE OF TRANSACTION <input type="checkbox"/> Proposed New Position <input type="checkbox"/> Extension of Present Position <input type="checkbox"/> Reclassification of Position <input type="checkbox"/> Encumbrance Increase <input type="checkbox"/> Abolishment of Position <input type="checkbox"/> Disencumbrance <input type="checkbox"/> Other (describe in 10) _____		3(a) FISCAL YEAR _____ 3(b) DOCUMENT NO. _____
ADDITION TO ROSTER			DELETION FROM ROSTER	
4(a) EFFECTIVE DATE: _____		4(b) EXPIRATION DATE: _____		7(a) EFFECTIVE DATE: _____
7(b) DISENCUMBER TO: _____				
5(a) DEPARTMENT AND ORGANIZATIONAL UNIT _____		(CODE NUMBER) _____	8(a) DEPARTMENT AND ORGANIZATIONAL UNIT _____	
5(b) REPORTING UNIT OR FUNCTION _____			8(b) REPORTING UNIT OR FUNCTION _____	
5(c) CLASS TITLE _____			8(c) CLASS TITLE _____	
5(d) NUMBER OF POSITIONS _____		5(e) POSITION SERIAL NUMBER(S): (use code column) _____	8(d) NUMBER OF POSITIONS _____	
8(e) POSITION SERIAL NUMBER(S): (use code column) _____				
5(f) TYPE OF POSITION (Show code number as indicated): Civil Service -- 1 Exempt -- 4 Statutory -- 7		8(f) TYPE OF POSITION (Show code number as indicated): Civil Service -- 1 Exempt -- 4 Statutory -- 7		
6(a) TIME BASIS <input type="checkbox"/> Full-Time Part-Time Fraction: _____ <input type="checkbox"/> Intermittent <input type="checkbox"/> Indeterminate		9(a) TIME BASIS <input type="checkbox"/> Full-Time Part-Time Fraction: _____ <input type="checkbox"/> Intermittent <input type="checkbox"/> Indeterminate		
6(b) SALARY RATE \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Hour		9(b) SALARY RATE \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Hour		
		9(d) PRESENT STATUS <input type="checkbox"/> Vacant <input type="checkbox"/> Filled <input type="checkbox"/> Employee's Status Changed by Form Doc. No. _____		
10 DESCRIPTION OF DUTIES, EXPLANATION OF NECESSITY, REASON FOR ABOLISHMENT, ETC. (Duties statement unnecessary if Form 613 previously submitted or attached)				

11	ENCUMBRANCE INCREASES			ENCUMBRANCE DECREASES		
FUNDING INFORMATION	PROGRAM/CATEGORY (CODE AND TITLE)		FUND TITLE	PROGRAM/CATEGORY (CODE AND TITLE)		FUND TITLE
	(OPTIONAL USE)			(OPTIONAL USE)		
	ITEM			ITEM		
UNENCUMBERED BALANCES:	BEFORE POSTING THIS TRANSACTION	AMOUNT OF ENCUMBRANCE	AFTER POSTING THIS TRANSACTION	BEFORE POSTING THIS TRANSACTION	AMOUNT OF DISENCUMBRANCE	AFTER POSTING THIS TRANSACTION
FIRST QUARTER						
SECOND QUARTER						
THIRD QUARTER						
FOURTH QUARTER						
TOTAL FOR FISCAL YEAR						

I hereby certify, upon my own personal knowledge, that the unencumbered balances in the budget allotments as shown hereon are correct. (After attached TBA No. _____) 

SIGNATURE OF ACCOUNTING OFFICER _____ DATE SIGNED _____

12 CERTIFICATION FOR THE APPOINTING POWER <i>The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster changes filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.</i>	
CONTACT PERSON (PRINT OR TYPE)	TELEPHONE NUMBER
EMAIL ADDRESS	
AUTHORIZED SIGNATURE	DATE SIGNED



13 APPROVED: (for Department of Finance, Budget Division)