



Position Control Number CDM Form (Create-Delete-Modify)

Section I: Completed by Requestor when a position is to be created (New), removed or replaced (End), or its FTE altered whether by way of under/overfill or otherwise (Edit)

Facility: _____

Pay Period: _____

New PCN	Edit PCN	End PCN	PCN#	Occupation	Effective Date	FTE		Reason
						From	To	

Total FTE

Requestor's email address

Manager's email address

Business & Financial Analyst's email address

Requestor's Name

Section II: Manager Approval _____ **Manager: Check box to approve and submit for Finance approval**

 Approving Manager's Name

Section III: Finance Approval _____ **Finance: Check box to approve and submit to Payroll to process**

 Approving Business & Financial Analyst's Name