

TO: Department Secretaries and Admin Staff

(see attached sample SF-1)

By now you are aware of the Chancellor's recently implemented Centralized Management of Positions procedure, and the Legislature's notification requirement prior to recruiting temporary positions.

Because we must now send a copy of the SF-1 form outside the school, for the sake of consistency, and to address new reporting requirements, we are requesting your assistance with the following when you initiate the SF-1:

- a) complete the Requesting College, Division/Department, Program box at the top of the form as well as items 1 - 14.
- b) a statement indicating the budgeted amount and projected start date for the position must be included in the Justification box. please ask your PI for this information; refer any questions on this to Juanita.
- b) type in a line for your PI/Chair signature in the Justification box if needed.
- c) the Dean, your Institute Director, or their designee will sign on the signature line where indicated.
- d) if a designee is signing for your PI/Chair/Director, please remember to write in the word "for" by the position title and attach a copy of the signature delegation memo to the SF-1.
- e) obtain your FA's signature or initials on the SF-1 form *before* you route it to the Dean's Office or (for the greater SOEST) to SOEST Personnel.

For item #2. Type of Position - we recommend your PI consider indicating "available funds" if Temporary NTE.

For item #3. Position Control: 1. Within Authorized Ceiling = permanent positions; 3. No Ceiling = temporary positions (we normally don't have 2. Beyond Authorized Ceiling)

Re: the Justification - we suggest careful thought be given to providing general vs. specific details but are not requiring it. For example ".....in support of JIMAR research projects" or "....atmospheric research projects" can provide much flexibility within the general category. Whereas, someone hired to count fish probably shouldn't be reassigned to measure lava flow without doing more paperwork before you send them off to measure lava flow.

Although announced as a work in progress, the Systems office has not as yet provided a revised SF-1. For now, please continue to use the form-fillable link at: <http://www.hawaii.edu/ohr/bor/forms/sf1.pdf>.

There are two APMs in the Personnel section (A9.xxx) you can refer to for help with completing the form if needed.
<http://www.hawaii.edu/svpa/apm/sysap.php>

Unfortunately I could not hold off on sending this out any longer because we need to collect certain information to address recently announced reporting deadlines . I will send the revised SF-1 format when it becomes available.

TO: SOEST FAs and Assistant FAs (see attached sample SF-1)

Please remember you are certifying the items highlighted in blue, not just the correctness of the account code. You can initial or sign in the account code box or in the Justification box - up to you.

TO: Brandie, Bruce, Steff/Deanna

See the Remarks box on the attached SF-1. Please include the three items indicated before you sign for System Director of Human Resources.

Unless MBO tells me otherwise, please submit your Excel template summary report with supporting documents directly to MBO (see attached excel file for the partyline).

Keep in mind they will be collecting additional information per Howard Todo's email; templates to be released later.

Thanking you all in advance for your assistance and cooperation.
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Dayna Lum-Akana
SOEST Program & Budget Officer
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FAX: (808) 956-9152

REQUEST FOR POSITION ACTION

PSEUDO NO. _____

REQUESTING COLLEGE, DIVISION/DEPARTMENT, PROGRAM: **UHM, Research, SOEST, department name**

1. TYPE OF ACTION REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> 1. ESTABLISHMENT OF NEW POSITION
<input type="checkbox"/> 2. REDESCRIPTION OF POSITION FOR REVIEW
<input type="checkbox"/> IDENTICAL TO POSITION NO. _____
<input type="checkbox"/> 3. CONTINUATION OF TEMPORARY POSITION | <input type="checkbox"/> 4. FILLING OF ESTABLISHED POSITION VACANCY
<input type="checkbox"/> 5. FILLING POSITION TEMPORARILY NTE _____
<input type="checkbox"/> 6. NOTICE OF ABOLISHMENT OF POSITION
<input type="checkbox"/> 7. |
|---|---|

2. TYPE OF POSITION

-
1. PERMANENT
- available**
-
-
2. TEMPORARY NTE
- funds**
-
-
3. TEMPORARY TO PERMANENT

3. POSITION CONTROL

-
1. WITHIN AUTHORIZED CEILING
-
-
2. BEYOND AUTHORIZED CEILING
-
-
3. NO CEILING

4. FUNDS AVAILABLE

- | | |
|---|---|
| <input type="checkbox"/> 1. GENERAL
<input type="checkbox"/> 2. SPECIAL
<input type="checkbox"/> 3. FEDERAL | <input type="checkbox"/> 4. REVOLVING
<input type="checkbox"/> 5. TRUST
<input type="checkbox"/> 6. |
|---|---|
- (Indicate details in space provided for justification)

5. POS NO	6. POSITION TITLE	7. CLASS CODE	8. PAY RANGE	9. B U	10. ORG CODE	11. ISL'D
12. ACCOUNT CODE	13. PERCENT	14. TIME AUTH.	12. ACCOUNT CODE	13. PERCENT	14. TIME AUTH.	

JUSTIFICATION FOR ABOVE REQUESTED ACTION (Attach additional sheets if more space is required)

NOTE: PI must include the budgeted amount and projected start date in the Justification box.

PI/Chair

DATE SIGNATURE OF DEAN, DIRECTOR OR DESIGNEE

APPROVED DISAPPROVED RECOMMENDATIONS:

DATE SENIOR VP, CHANCELLOR, VP OR DESIGNEE

APPROVED DISAPPROVED REMARKS:

DATE DIRECTOR OF UNIVERSITY BUDGET
(FOR EXECUTIVE/MANAGERIAL POSITION REQUESTS ONLY)

APPROVED DISAPPROVED REMARKS:

DATE PRESIDENT, UNIVERSITY OF HAWAII, OR DESIGNEE

REMARKS:
Title:
Pay Band:
Effective date:

DATE SYSTEM DIRECTOR OF HUMAN RESOURCES