

**IDAHO MILITARY DIVISION
REQUEST FOR STATE PERSONNEL/POSITION ACTION
SPB-7**

PART A – TO BE COMPLETED BY REQUESTING ACTIVITY				
1. ACTION REQUESTED:				2. VICE:
3. FOR ADDITIONAL INFORMATION CALL (NAME & TELEPHONE NUMBER):		3a. ACTION REQUESTED BY (TYPE NAME, TITLE, SIGNATURE AND DATE):		4. PROPOSED EFFECTIVE DATE: (MM/DD/YY)
EMPLOYEE DATA				
5. NAME: (LAST, FIRST, MIDDLE)		6. SSN:	7. DATE OF BIRTH: (MM/DD/YY)	8. PAYROLL EMAIL ADDRESS:
POSITION DATA				
9. FROM: A. POSITION CONTROL NUMBER:		B. CLASS CODE:		10. TO: A. POSITION CONTROL NUMBER:
C. POSITION TITLE:		B. CLASS CODE:		C. POSITION TITLE:
D. NAME, OFFICE SYMBOL, AND LOCATION OF POSITION'S ORGANIZATION:		D. NAME, OFFICE SYMBOL, AND LOCATION OF POSITION'S ORGANIZATION:		
E. GRADE:	F. STEP:	G. HR PAY:	H. SHIFT DIFFERENTIAL: O YES O NO	I. ANNUAL COST
J. NAME & TITLE OF SUPERVISOR:		J. NAME & TITLE OF SUPERVISOR:		
K. FUNDING SOURCE: PCA		FEDERAL %	STATE %	L. PAY LOCATION:
M. POSITION TYPE: O MILITARY O CIVILIAN		O ARMY O AIR O ARMY OR AIR	O OFFICER O WARRANT O ENLISTED	M. POSITION TYPE: O MILITARY O CIVILIAN
O ARMY O AIR O ARMY OR AIR		O OFFICER O WARRANT O ENLISTED		O OFFICER O WARRANT O ENLISTED
N. HOURS PER WEEK:	O. NUMBER OF MONTHS TO BE FILLED:	P. SECURITY CLEARANCE: O YES O NO	N. HOURS PER WEEK:	O. NUMBER OF MONTHS TO BE FILLED:
P. SECURITY CLEARANCE: O YES O NO		P. SECURITY CLEARANCE: O YES O NO		
Q. ADDITIONAL REMARKS/JUSTIFICATION: (ATTACH ADDITIONAL REMARKS AND JUSTIFICATION, AS NEEDED.)				

PART B – POSITION DATA – TO BE COMPLETED BY STATE PERSONNEL BRANCH					
1. APPROVED EFFECTIVE DATE: (MM/DD/YY)	2. PCN: SUB PCN: _____	3. ADVERTISEMENT NUMBER	4. FLSA CODE: COVERED 1.5 C F L EXEMPT 1.0 A E P NONCOVERED 0.0 N		
5. FTE MONTHS: _____ APPT. CODE COMBO: _____ WORK TYPE: _____	6. GROUP INSURANCE ELIGIBILITY: O YES O NO	7. RETIREMENT INDICATOR: 2 – MN 1 – N 0 – NOT ELIGIBLE	8. LEAVE ELIGIBILITY: O YES O NO LEAVE CODE: _____	9. WORKERS COMP CODE:	10. DISTRIBUTION ADDRESS:
PART C – APPROVALS		SIGNATURES (AS REQUIRED)			
OFFICE/FUNCTION	SIGNATURE (TYPE NAME, TITLE)	DATE	OFFICE/FUNCTION	SIGNATURE (TYPE NAME, TITLE)	DATE
1. EMPLOYEE (IF REQUIRED)			2. SUPERVISOR		
3. PROGRAM MANAGER			4. STATE FINANCIAL MANAGER		
5. STATE PERSONNEL MANAGER			6. HRO		
7. COS-AIR/ARMY (IF REQUIRED)			8. TAG XO		
9. AAG-AIR/ARMY (IF REQUIRED)			10. THE ADJUTANT GENERAL (IF REQUIRED)		