



RATE / POSITION ALLOCATION FORM (RAF)

CURRENT POSITION/EMPLOYEE STATUS: *(as it appears in the most recent Rate Ledger Report)*

LIABILITY DEPT # & NAME _____ POS # _____

EMPLOYEE NAME (TBA if Open) _____ EMPL ID _____

SALARY GRADE (A&P) _____ PAY GROUP _____ ADM CODE (FAC/A&P) _____

JOB CODE _____ JOB TITLE _____

ANNUAL RATE \$ _____ FTE _____ HOME DEPT (TKL) _____

BUDGET ENTITY E&G AUX C&G ICA OTHER _____

PAY PLAN FAC USPS A&P EXEC Conversion From _____ To _____

UCF DIVISION AA A&F UR PRES MCA COM

IF AA SUBDIVISION

CAH CBA CED CEC CHP APR COS

GRD P&E RES SDE ITR GEN

REQUESTED ACTION: *(USPS and A&P actions designated with * require a Position Description Form)*

RECLASSIFICATION OR CONVERSION* OTHER -- explain below in "Justification"

ESTABLISHMENT OF NEW POSITION* TIME-LIMITED APPT -- Interim, Acting, Visiting:

SPECIAL / OUT-OF-CYCLE PAY INCREASE Start Date: _____ End Date: _____

REQUESTED EFFECTIVE DATE: _____

REQUESTED POSITION/EMPLOYEE STATUS: *(Indicate Changes Only)*

LIABILITY DEPT # & NAME _____ POS # _____

EMPLOYEE NAME _____ EMPL ID _____

SALARY GRADE (A&P) _____ PAY GROUP _____ ADM CODE (FAC/A&P) _____

JOB CODE _____ JOB TITLE _____

ANNUAL RATE \$ _____ FTE _____ HOME DEPT (TKL) _____

JUSTIFICATION, REMARKS, ETC.

REQUESTOR	DATE	PRESIDENT or DESIGNEE	DATE
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<u>Date Rcv'd</u>	<u>Rev Req'd</u>			YES	NO
_____	_____	Human Resources	Date _____	Recommended?	_____
_____	_____	EO/AA	Date _____	Recommended?	_____
_____	_____	President or Designee	Date _____	Override?	_____