

RPA #: _____ FY: _____

RPA Contact: _____

Contact#: _____

SECTION 1: POSITION ACTION			
<input type="checkbox"/> Refill, no change in duties	<input type="checkbox"/> Reclassify	<input type="checkbox"/> Blanket Request	
<input type="checkbox"/> Refill, change in duties	<input type="checkbox"/> Redirect	<input type="checkbox"/> Other: _____	
Comments:			
SECTION 2: CURRENT INFORMATION		SECTION 3: PROPOSED INFORMATION	
Current Program Information		Proposed Program Information	
Program Name:		Program Name:	
Section/Unit:		Section/Unit:	
Current Position Information		Proposed Position Information	
Position Number:		Position Number:	
Location:		Location:	
Classification:		Classification:	
Tenure: Permanent	Time Base:	Tenure: <input type="checkbox"/> Limited-Term <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Time Base:
Prior Incumbent: Separation Date:			
Current Position Funding		Proposed Position Funding	
Reporting Structure:		Reporting Structure:	
Project ID:		Project ID:	
SECTION 4: SIGNATURES			
With accordance to California Civil Code §1633.5(b) , I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.			
Manager/Supervisor: _____		Date: _____	
Administrative Officer: _____		Date: _____	
Branch/Regional Manager or Deputy Director _____		Date: _____	
Budget Analyst: _____		Date: _____	
Human Resources Designee: _____		Date: _____	
Personnel Specialist: _____		Date: _____	
FOR HUMAN RESOURCES USE ONLY			
EMPLOYEE INFORMATION			
Appointment Type: <input type="checkbox"/> List <input type="checkbox"/> Transfer <input type="checkbox"/> Reinstatement <input type="checkbox"/> Retired Annuitant <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____			
Employee Name: _____			Effective Date: _____
Cert List # _____		Cert Exp Date: _____	Cert List Clearance Date: _____
Employee Tenure: _____	Appt Exp Date: _____	Employee Time Base: _____	Alternate Range: _____ ARC: _____
HAM Pay: _____		<input type="checkbox"/> Bilingual Pay	CBID: _____
<input type="checkbox"/> New to State OR <input type="checkbox"/> Current/Previous Dept:			C&R Date to PC: _____
HEADQUARTERS DESIGNATION:			
<input type="checkbox"/> CDFW Worksite <input type="checkbox"/> Employee Residence <input type="checkbox"/> Other Location			
Address: _____			
Comments:			

INSTRUCTIONS

SECTION 1: POSITION ACTION

Select the requested position action type(s).

NOTE: “Other” should be used for Budget Change Proposal positions, promotions-in-place, reorganization requests, and other miscellaneous requests.

Comments:

Fill in any pertinent information your Classification and Recruitment Analyst should know.

SECTION 2: CURRENT INFORMATION – For Permanent Positions ONLY*

Current Program Information

- **Program Name:** Fill in the program name (Region/Branch/Division) where the current permanent position is located.
- **Section/Unit:** Fill in the section/unit name where the current permanent position is located.

Current Position Information

- **Position Number:** Fill in the position number of the current permanent position.
- **Location:** Fill in the location of the current permanent position.
- **Classification:** Fill in the classification of the current permanent position.
- **Tenure:** Fill in the tenure of the current permanent position. (This may be different from the employee’s tenure.)
- **Time Base:** Fill in the time base of the current permanent position. (This may be different from the employee’s time base.)
- **Prior Incumbent:** Fill in the name of the prior incumbent.
- **Separation Date:** Fill in the separation date of the prior incumbent. (This is the last date funds were charged from the position.) If the current incumbent is not separating, skip this field.

Current Position Funding

- **Reporting Structure:** Fill in the reporting structure of the current permanent position.
- **Project:** Fill in Project ID of the current permanent position.

***NOTE:** Blanket positions, (e.g., limited-term positions) are always “created”; therefore, this section must not be completed for a blanket request.

SECTION 3: PROPOSED INFORMATION

Proposed Program Information

- **Program Name:** Fill in the program name (Region/Branch/Division) where the proposed position will be located.
- **Section/Unit:** Fill in the section/unit name where the proposed position will be located.

Proposed Position Information

- **Position Number:** Fill in the position number of the proposed position (serial number will be XXX for permanent positions and 905 for positions using blanket funding).
- **Location:** Fill in the location of the proposed position.
- **Classification:** Fill in the classification of the proposed position.
- **Tenure:** Fill in the tenure of the proposed position. (This may be different from the employee’s tenure.)
- **Time Base:** Fill in the time base of the proposed position. (This may be different from the employee’s time base.)

Proposed Position Funding

- **Reporting Structure:** Fill in the reporting structure of the proposed position.
- **Project:** Fill in the project ID of the proposed position.

SECTION 4: SIGNATURES

- The manager/supervisor, Administrative Officer (if applicable), and the Branch/Regional Manager or Deputy Director must sign the [Request for Personnel Action \(RPA\) \(DFW 242\)](#) prior to submitting it to Human Resources (HR).
- The Budget Analyst must sign the [DFW 242](#).
- The HR Designee must sign the [DFW 242](#) when approved.
- The Personnel Specialist must sign the [DFW 242](#) when the appointment is keyed.

[All RPA Required Documents](#) must be submitted with the [DFW 242](#).