

JOB CODE REQUEST FORM

Please contact ERP
ePAF and FACET
functional analyst prior
to submitting request
for new job code.

JOB CODE (6 characters):

Requested By: _____ Date Requested: _____

JOB CODE TABLE (pages): JOBCODE_TBL1_GBL, JOBCODE_TBL2_GBL, JOBCD_COMP_RATE, JOBCD_NON_BASE

Change to Existing Job Code?

Briefly describe reason for New
or Change to Existing Job Code:

Job Code Profile:

SetID: Effective Date: Status:

Job Title: Short Job Title:

Job Description:

Job Function Code: Job Subfunction: Job Family: Pay Group:

Standard Hours: Work Group: Worker's Comp Code:

Standard Work Period: Comp Frequency: Manager Level:

Regular/Temporary: ☐ Medical Checkup Required Union Code:

SAL = Regular; OPS = Temp

USA: *EEO-1 Job Category: *EEO-4 Job Category:

*EEO-5 Job Category: *EEO-6 Job Category:

IPEDS-S Job Category: EEO Job Group:

*FLSA Status: *Tipped:

Evaluation Criteria: ☐ Used by Position Management <== This box should only be marked for Salaried Positions

Deafult Compensation:

Salary SetID: Salary Plan: Grade: Step:

Job Code Base Components:

Comp Rate Code: Currency: Frequency:

If the job code overrides the normal salary expense account (710136), enter 6 digit expense account here:

Approved by: Date Approved: _____

Entered by ERP Member: Date Entered: _____