

**REQUEST FOR APPROVAL OF POSITIONS AND/OR PERSONNEL ACTIONS
IN PROGRAM FUNDED AGENCIES**

Name and address BCBH Administrator Gerard Mike Beaver County Behavioral Health 1040 Eighth Avenue Beaver Falls, PA 15010	Name and address of Agency:
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TYPE PERSONNEL ACTION	<input type="checkbox"/> Appointment	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Resignation
	<input type="checkbox"/> Promotion	<input type="checkbox"/> Demotion	<input type="checkbox"/> Name Change

INCUMBENT OR FORMER EMPLOYEE			NEW APPOINTEE <small>(Attach one (1) copy of Personal Data Summary (PW 371))</small>		
Name:	Social Security No.	Name:	Social Security No.		
Class Title			Class Title		
Position No. code (Bureau, Class, No.)			Position No. code (Bureau, Class, No.)		
Effective Date:			Effective Date:		
Annual State Approved Salary	Pay Range	Step	Proposed Salary:	Pay Range	Step
Hours Per Week			Approved Salary	Pay Range	Step
			Hours Per Week:		

****If Proposed Salary is Above the Minimum, a Letter of Justification Must Be Attached****

POSITION CLASSIFICATION ACTION	<input type="checkbox"/> Creation – New Position	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Abolishment
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EXISTING POSITION			PROPOSED POSITION <small>(Attach one (1) copy of Job Description OA 370)</small>		
Class Title:			Class Title:		
Position No. Code (Bureau, class, No.)			Position No, Code (Bureau, Class No.)		
Annual State Approved Salary	Pay Range	Step	Annual Salary	Pay Range	Step

APPROVALS

Agency Director	Date	County BCBH Administrator	Date
Regional Personnel and/or Program Representative	Date	DPW – Office of Manpower	Date