|  |
| --- |
| **POSITION CONTROL**  **Authorized FTE Position Base Adjustment Request Form**  This form is required for a Judicial Entity to **increase** its authorized FTE position base outside of the budget cycle, or for reconciliation of FTE counts. Requests for an authorized FTE position base adjustment may be made during the fiscal year at the discretion of the Budget Committee Chair.  The following definitions are used for adjustments to a Judicial Entity’s FTE position base.  **PERM FTE:**  Positions authorized and permanently funded by the legislature.  **AUTHORIZED TERM FTE:**  Positions created for a term or time period supported by an established funding source; expected to continue until the funding source ends. Typically TERM FTE are created for a fiscal year, but if the funding source is guaranteed for a longer duration, for the duration of the funding source, for example, a five-year federal grant funding personnel.  **UNAUTHORIZED TERM FTE:** Positions created at the discretion of the judicial entity through AOC HRD, and funded by the judicial entity through other state funds. Typically used instead of a temporary position when the incumbent will be in the position for more than 180-days, and there is not a long-term secure funding source.  **TEMPORARY FTE:** Positions created at the discretion of the judicial entity and the AOC and funded by the judicial entity through other state funds. Temporary positions should generally not be used with the same incumbent for longer than 180-days.  **FTE or Full-time Equivilant**  1.0 FTE = a position working full-time or 2080 hours per year  .75 FTE = a position working ¾ time or approximately 1560 hours per year  .50 FTE = a position working ½ time or approximately 1040 hours per year  .25 FTE = a position working ¼ time or approximately 520 hours per year |

|  |  |
| --- | --- |
| **JUDICIAL ENTITY’S REQUEST**  **To be completed by CEO or CFO**  Instructions: Complete the below request for each position or group of positions, and attached SDF forms with the proposed changes. | |
| **PURPOSE OF THE CHANGE:**  **Why is this position request/update necessary?**  **How has the work been accomplished to date?**  [add additional sheets as necessary] | |
| **Date of Request:** | **Judicial Entity:** |
| **Division or Section position is requested for:** | **Job Classification(s) Requested:**  **Job Code:** |
| **Budget Cost Estimate:** | **Pay Grade:**  **Proposed Salary:** |
|  | |
| **Create New Position**  **PERM FTE**  **Authorized TERM FTE [end date: \_\_\_\_\_\_\_\_\_ (if not end of fiscal year)]**    **Change of Status/Change of Funding Source:**  **[e.g. term to perm conversion]**  **Change from part-time to full-time** | |
| **Full-time:**  YES NO  **Part-time:**  YES NO FTE %:\_\_\_\_\_\_\_\_ | **Existing Position #**  **(if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Requested**  **Create Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Was the position previously requested through the Unified Budget Process?**  YES NO  **Was the position previously approved by the Unified Budget Process?**  YES NO  **Explain:** | |
| **FUNDING SOURCE:**  **How will the position be funded:**  **Request funding through Legislature (PERM or TERM)**  **County Funds (TERM)**  **Federal Grant (TERM)**  **OTHER (TERM) Explain:**  **Use of existing General Fund – Explain:** | |
| **MANDATES & NEED:**  **Describe the Supreme Court priority or initiative, statutory, workload, or caseload changes that create the need for this request.**  **Are there any federal, state, or local law mandates related to this request?**  **Why is this position needed in the current fiscal year?**  **Is this request supported by the staffing study?** | |
| **EXISTING VACANCIES:**  **How many vacancies do you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **How many are actively recruited for or in the process of being filled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **How many have been vacant for more than 12 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if any please explain:** | |
| **CONSEQUENCES:**  **What would be the impact if this position is not approved?**  **Is there a quantitative impact on internal or external customer service levels? Is there an impact of discontinuing the work altogether?** | |
| **ADDITIONAL INFORMATION, IF APPLICABLE:**  **Describe any staff reductions or expansions this division or section has sustained in the last five fiscal years.**  **Describe the judicial entity’s efforts to accomplish this work via other positions.**  **What are the advantages and disadvantages of having other positions perform this work?** | |

|  |  |
| --- | --- |
| **REQUESTED BY**  **TO BE COMPLETED BY JUDICIAL ENTITY ADMINISTRATIVE AUTHORITY, CEO, and CFO**  **I hereby cerfiy that:**   1. **This request is accurate.** 2. **The position shall be fully funded within the current operating budget without the need for any supplemental funding;** 3. **If approved, this position will benefit or enhance judicial operations.**   **If the judicial entity cannot certify the above, please explain:** | |
| **Judicial Entity CEO or designee:**  (Print & Sign) | **Date:** |
| **Judicial Entity CFO or designee:**  (Print & Sign) | **Date:** |
| **Administrative Authority Requesting:**  (Print & Sign) | **Date:** |

|  |
| --- |
| **AOC HRD supports this request, as submitted or amended, and confirms it is in compliance with the AOC HR Policies and Procedures, that they have consulted with AOC CFO and AOC Director and confirmed budget sufficiency and legislative intent or need.**  **Yes**  **No**  **Other, explain:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**  **Signature Date** |

|  |
| --- |
| **TO BE COMPLETED BY AOC HR DIRECTOR** |
| **NMJB INTERNAL APPROVALS & LEGISLATIVE APPROVALS**  **Date approved by the New Mexico Budget Committee (attach Budget Committee minutes reflecting approval):**  **Explain any revisions by Committee or Council:**  **Explain any feedback received from LFC or DFA:**  **Related Attachments:** |
| **Date position created/revised:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **AOC HRD Signature & Date Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

CC: AOC HRD Position File

Attachments: Supporting Documentation Form (SDF); New Mexico Budget Committee minutes reflecting approval of request as submitted or amended