**Instructions for the Completion of the New Personnel Control Number Request Form**

**Purpose:**

The New Personnel Control Number Request Form is designed to document when additional personnel control numbers (PCN) are needed at Norfolk state University. The form is to be used solely for additional full-time personnel.

1. **Requesting Department:**

Complete the following fields

**Requester’s Name**

**Position Title** - If there is a desired title for the position, enter the title here.

**Department** - Enter both the department number and name of the department requesting the position.

**Funding Source** - Determine and mark the appropriate funding source for the position.

**Educational and General (E & G)**

**Auxiliary Enterprises**

**Sponsored Programs** - Sponsored Programs are not permanent funding of the University; therefore, additional information is required for these positions.

**Funding Agency** - Identify the agency or appropriate party that is providing funding for these sponsored program activity.

**CFDA Number** - If the sponsored program activity is funded by a federal government agency provide the Catalog of Federal Domestic Assistance (CFDA) Number.

**Start Date and End Date** - All sponsored program activities are for a specified period of time. Therefore, the PCNs are only needed for the period of time that the sponsored program activity is active. Provide the start date of the activity and its end date.

**Account Number** - The Office of Grants and Contracts (OGC) should be aware of all new sponsored programs; the OGC should have provided the account number to be used for the recording of the grant’s activity. Enter here the Fund – Bank – Function – Department – Project provided by the OGC.

**Attach a completed Employee Work Profile to the New Personnel Control Request Form.**

**Completed By** - Sign and date the form.

Submit the completed form to the Human Resources Office.

1. **Human Resources Office**

Complete the following fields after evaluation of the completed Employee Work Profile:

**Position Type** - Indicate whether the positions should be identified as a classified position; administrative and professional positions; or a teaching and research faculty.

**Role Code** - assign the appropriate role code number and role code title.

**Completed By** - Sign and date the form.

Submit the completed form to the Budget Office.

1. **Budget Office**

After reviewing the information completed by the Requesting Department and the Human Resources Office complete the following fields:

**Account Number** - Determine the appropriate account number and object code to be used for the position.

**Position Control Number** - Assigned the next available PCN in the appropriate position type classification.

**Add to Budget Database** - Add the PCN number to the Budget Office’s POSITIONS database; enter the date added on form.

**Completed By** - Sign and date the form.

Return a copy of the form to both the Requesting Department and the Human Resources Office.