



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT SALARY SPREADSHEET CHANGE REQUESTS	POLICY NO. 803.02	EFFECTIVE DATE 10/1/89	PAGE 1 OF 2
APPROVED BY: Original Signed by: ROBERT QUIROZ Director	SUPERSEDES N/A	ORIGINAL ISSUE DATE 10/1/89	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish procedures to transfer budgeted positions from one cost center to another within the Department of Mental Health (DMH).

POLICY

- 2.1 It is essential that the Salary Spreadsheet Change Request form be fully completed and signed before submission to the Budget Officer. Failure to do so may cause delays in processing the change.

PROCEDURE

3.1 Action Required

Complete the Salary Spreadsheet Change Request form (Attachment I).

- 3.1.1 Identify the requesting area.
- 3.1.2 Identify the unique number(s) of the budgeted position(s) being changed.
- 3.1.3 Provide the current cost center number(s) of the budgeted position(s).
- 3.1.4 Provide the new cost center number to which each position is to be moved.
- 3.1.5 Indicate the description of the budgeted position(s) to be changed.
- 3.1.6 Identify the item number and letter of the position(s) to be changed.
- 3.1.7 Indicate the effective date of the change.
- 3.1.8 Obtain approval signature of Program Head/Division Chief of each affected cost center.



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- 3.2 Forward the completed form to the Assistant Director/Deputy Director of the affected area(s).
- 3.3 Assistant Director/Deputy Director
 - 3.3.1 Receive the Salary Spreadsheet Change Request form from the requesting area.
 - 3.3.2 Review the Salary Spreadsheet Change Request form.
 - 3.3.2.1 If approved - sign where indicated. Initiating Director to prepare a cover memo, and forward with request to the Budget Officer.
 - 3.3.2.2 If denied - return to the requesting area.
- 3.4 Budget Officer
 - 3.4.1 Receive the Salary Spreadsheet Change Request form signed by the Assistant Director/ Deputy Director.
 - 3.4.2 Review the Salary Spreadsheet Change Request form verifying that the budgeted position(s) to be transferred exist(s) in the current cost center.
 - 3.4.2.1 Upon verification, approve the request by signing the Salary Spreadsheet Change Request form where indicated.
 - 3.4.2.2 If a budgeted position does not exist in the current cost center, deny the request; prepare a cover memo explaining the denial and return to the Assistant Director/Deputy Director of the affected area.
 - 3.4.3 Revise the Salary Spreadsheets to reflect the requested changes.
 - 3.4.4 Distribute copies of the approved request to the Assistant Director/Deputy Director, Program head/Division Chief, and Personnel Division.



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3.5 Any questions concerning this policy should be referred to the Budget Officer in the Budget Services Division.

AUTHORITY

DMH Policy and Procedure

ATTACHMENT

Attachment I Salary Spreadsheet Change Request form