



Guidelines for Submitting Salary Actions to Classification and Salary Administration

If you have any questions, please contact a member of the Classification and Salary Administration Team:

Office Line – (410.260.1733)

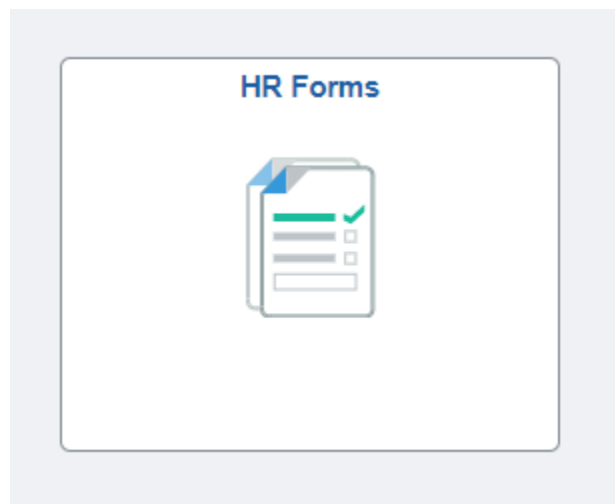
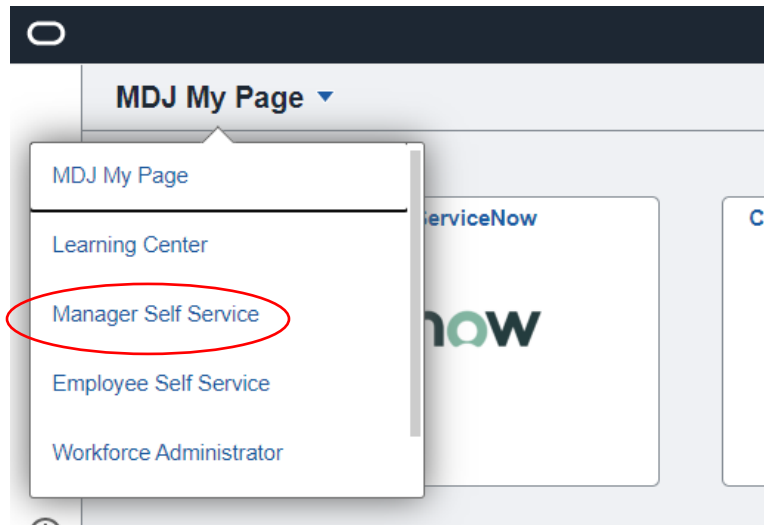
Maria Velazquez-Drain – Supervisor, Class & Salary Analyst (410.260.3633)

Tammy Ferguson – Senior Class & Salary Analyst (410.260.1282)

Staff members can be reached via email individually or at: OCSA-HRIS@MDCOURTS.GOV

Position Change Request

- Navigate to the Manager Self Service homepage > click the HR Forms tile > on the left panel click **Position Change Request**.



New Position Request

- Probation Report
- Separation Request
- Accident Report
- Disciplinary Action Request
- Position Change Request**
- PIN Split
- Acting Capacity Request
- Approve/Review a Form

Search/Fill a Form

Enter any information you have and click Search. Leave fields blank for a list of all values.

[Find an Existing Value](#) [Add a New Value](#)

Search Criteria

Sequence Number =

Subject begins with

Document Key String begins with

Priority =

Due Date =

Approval Status =

Case Sensitive

[Search](#) [Clear](#) [Basic Search](#) [Save Search Criteria](#)

- Click on 'Add a New Value' to bring up the electronic form:

New Position Request

- Probation Report
- Separation Request
- Accident Report
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Three tabs are then shown at the top of the form: titled *Form*; *Instructions*; *Attachments*

A. Form

Part 1: Identifying Position and Incumbent Information

Fill in the Position Number and identify the type of change

*If the position is filled, the *Employee ID* and *Name* will populate, if vacant this remains blank

Part 1: Identifying Position and Incumbent Information

*Position Number (PIN) <input type="text"/>	*Type of Change <input type="text"/>
Enter the employee ID if the position is staffed.	
Employee ID <input type="text"/>	Employee Name <input type="text"/>

*Types of Changes

- Department Change: an employee, or vacant PIN, has the incorrect department designation and the duties and responsibilities being performed are already assigned to that area
- Classification Review: review of a vacant position's duties and responsibilities to ensure appropriate classification, i.e., a PDQ evaluation prior to recruitment of a vacant position
- Location Change: a position's location needs updated
- PIN Reassignment: a position/PIN that is being reassigned to another location
- Reclassification: this change is for encumbered positions only when the duties and responsibilities have changed significantly. The position (not the employee) will be evaluated to determine the appropriate classification and compensation level. A PDQ, organizational chart and justification letter must be attached.
- Reports to Change: A change in a PIN's supervisory relationship
- Title Change: a classification change to a PIN# or employee that accurately reflects the current duties and responsibilities being performed. No compensation change occurs with this transaction. A PDQ should be attached.

Part 2: Position Attribute Changes

--current information for the position will populate on the left side; any new information should be specified/completed on the right

- Effective date: use the beginning of a pay period
- Ensure the appropriate Department, Location, Title, 'Reports To' and Mgr. Name are accurate--if anything is changing, on the right side, only complete the applicable fields for any "new" attributes

Part 2: Position Attribute Changes	
Enter the current and new information for the position.	
*Effective Date <input type="text"/>	(Only complete the applicable fields for the 'New' attributes).
Current Department <input type="text"/>	New Department <input type="text"/>
Current Location <input type="text"/>	New Location <input type="text"/>
Current Title <input type="text"/>	New Title <input type="text"/>
Current Reports To <input type="text"/>	New Reports To <input type="text"/>
Current Mgr Name <input type="text"/>	New Mgr Name <input type="text"/>

Part 3: Justification

In this section, there is a box to justify the action requested. Please be as detailed as possible, if you run short on space there is a separate box for more information.

Part 3: Justification

Please describe in detail why the position needs to be updated. A PDQ form should be attached if the position is a reclassification.

Note: If additional space is needed use the More Information field.

*Justification

254 characters remaining

Part 4: For Human Resources Department

Part 4: This section to be completed by the Human Resources Department Only

Previous Salary

Job Code 

Financial Disclosure Required

New Salary

FLSA Status

At Will Employee

B. Instructions – provides instructions for completing the Form

Position Change Request

Position Change Request Form

This form is used to request a change to an existing position, whether encumbered or not encumbered.

Complete the following sections of the Position Change Request Form.

Form Tab: click on the Form Tab

Subject: The system will default this information using the position's title and work location once the position number (PIN) is selected. The subject line will help to track the transaction.

Part 1: Identifying Position and Incumbent Information

1. **Position Number (PIN):** Indicate the Position number that needs change.
2. **Type of Change:** Choose an option from the menu that best describes the change.
3. **Employee ID:** Enter or look up (click on icon) incumbent's identification number. Leave this field blank if the position is vacant.
4. **Employee Name:** Employee Name will default based on the Employee ID entered

Part 2: Position Attributes Changes

Enter the information that is changing for the position. For the 'New' information, please complete **ONLY** the applicable fields.

1. **Effective Date:** Provide the date when the position change will become effective.
2. **Current Department:** The system will default the current department of the position. Indicate the new department if applicable.
3. **Current Location:** The system will default the current location of the position. Indicate the new location if applicable.
4. **Current Reports To:** The system will default the current report to position. Indicate changes to the reporting if applicable.
5. **Current Title:** The system will default the current title of the position. Enter the new title, if applicable.
6. **New Department:** Provide the new department of the position. (If applicable)
7. **New Location:** Provide the new location of the position. (If applicable)
8. **New Reports To:** Provide the new reports to position number. (If applicable)
9. **New Title:** Provide the new title (if applicable)

Part 3: Justification

1. **Justification:** Indicate the reason for requesting this position review.

Part 4: This section to be completed by the Human Resources Department Only

1. Previous Salary
2. Job Code
3. Financial Disclosure Required
4. New Salary
5. FLSA Status
6. At Will Employee

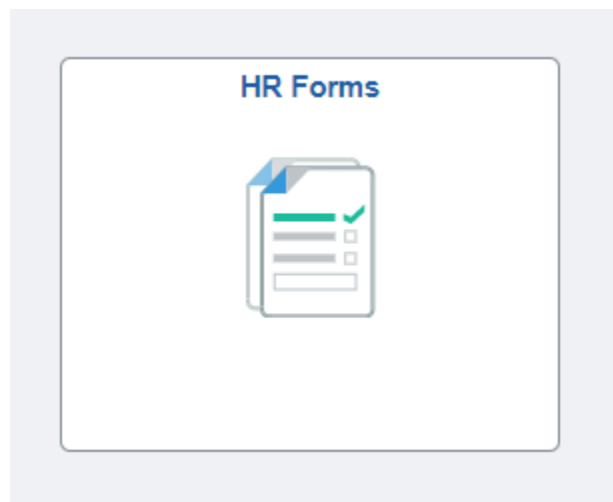
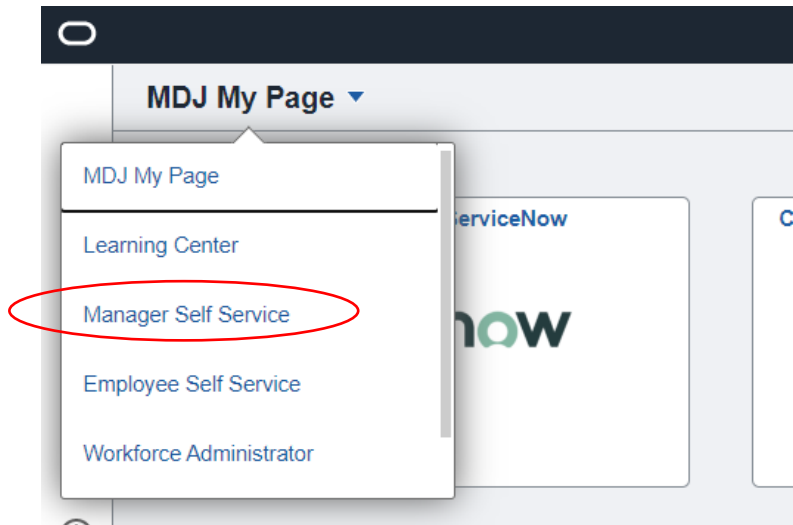
C. Attachments – provides an area to upload attachments, for example:

- A completed [Position Description Questionnaire \(PDQ\)](#) form
- A cover letter, official email correspondence or similar proof of justification from management (i.e., Judge, State Court Administrator, Chief Clerk, Clerk of Court, Administrative Clerk, Unit Director, etc.)
- A proposed and current organizational chart and information

Acting Capacity Request

-Temporary compensation provided to an employee who has provisionally assumed greater responsibility resulting from the temporary absence of another employee, the existence of a vacant, critical position, or for the temporary need for additional staff to perform higher level duties.

- Navigate to the Manager Self Service homepage > click the HR Forms tile > on the left panel click **Acting Capacity Request**.



Search/Fill a Form

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value **Add a New Value**

Search Criteria

Sequence Number = [dropdown] [input]

Subject begins with [dropdown] [input]

Document Key String begins with [dropdown] [input]

Priority = [dropdown] [dropdown]

Due Date = [dropdown] [calendar icon]

Approval Status = [dropdown] [dropdown]

Case Sensitive

Search **Clear** [Basic Search](#) [Save Search Criteria](#)

- For initial requests, click on 'Add a New Value' to bring up the electronic form:

Search/Fill a Form

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value **Add a New Value**

Search Criteria

Sequence Number = [dropdown] [input]

Subject begins with [dropdown] [input]

Document Key String begins with [dropdown] [input]

Priority = [dropdown] [dropdown]

Due Date = [dropdown] [calendar icon]

Approval Status = [dropdown] [dropdown]

Case Sensitive

Search **Clear** [Basic Search](#) [Save Search Criteria](#)

Three tabs are then shown at the top of the form: titled *Form; Instructions; Attachments*

A. Form

Form | Instructions | Attachments

Acting Capacity Request

*Subject

Status Initial

*Employee ID

*Name Designated EE

*Acting Capacity Action

*Acting Position

*Start Date

*End Date

Department

*Designation Reason

Name of current or former incumbent

*Reason for absence or reason unable to fill position

254 characters remaining

Does employee meet minimum requirements for acting classification?

Has employee previously been assigned acting capacity status?

If yes, what designation and when?

254 characters remaining

This section to be completed by the Human Resources Department Only

Compensation Date

Salary Plan

Grade

Comp Rate

Acting Hourly Rate

More Information

- Employee ID: use the magnifier search option to locate employee by name
- Name Designated EE: the employee name will default once the employee id is selected
- Acting Position: indicate the position number (PIN) that the employee will be temporarily assigned
- Start Date: the date when the employee will step into position
- End Date: the date when the employee will move out of the position
- Department: the department requesting the acting capacity
- Designation Reason: the reason for the designation
- Name of current or former incumbent: name of the employee who currently holds the position
- Reason for absence or reason unable to fill position: enter appropriate information
- Does employee meet minimum requirements for acting classification: select the appropriate yes or no response
- Has employee previously been assigned acting capacity status: select the appropriate yes or no response. If yes, enter appropriate information into the “what designation and when?” box

B. Instructions – provides instructions for completing the Form

Form	Instructions	Attachments
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Acting Capacity Request

Acting Capacity Request Form

Acting Capacity - Temporary compensation provided to an employee who has provisionally assumed greater responsibility resulting from the temporary absence of another employee, the existence of a vacant, critical position, or for the temporary need for additional staff to perform higher level duties.

Complete the following sections of the **Acting Capacity Request Form**.

Form Tab: click on the Form Tab

1. **Subject:** The system will default this information using the employee's name and work location once the employee id is selected. The subject line will help to track the transaction.
2. **Employee ID:** Enter or look up (click on icon) employee's identification number.
3. **Name Designated EE:** The employee name will default once the employee id is selected.
4. **Acting Position:** Indicate the position number (PIN) that the employee will be temporarily assign.
5. **Start Date:** The date when the employee will step into position.
6. **End Date:** The date when the employee will move out of the position.
7. **Department:** The department requesting the acting capacity.
8. **Designation Reason:** The reason for the designation.
9. **Name of current or former incumbent:** Name of the employee who currently holds the position.
10. **Reason for absence or reason unable to fill position:** – Describe.
11. **Does employee meet minimum requirements for acting classification?** – A yes or no answer. Check the box for yes or leave uncheck for no.
12. **Has employee previously been assigned acting capacity status?** – A yes or no answer. Check the box for yes or leave uncheck for no.
13. **If yes, what designation and when?** – Describe.

Note: Reminder to submit attachments – Employment Application and Organizational Chart

This section to be completed by the Human Resources Department Only

1. Compensation Date
2. Salary Plan
3. Grade
4. Comp Rate
5. Hourly Rate

C. Attachments – provides an area to upload attachments, for example:

- Employment application
- A **current** organizational chart and information

📄 Once you save the Initial request, take note of the Sequence Number, should you need to look this information up.

To Extend or Terminate an Acting Capacity Early: follow the steps above and, using the Acting Capacity Action drop down menu, select the appropriate action:

Form
Instructions
Attachments

Acting Capacity Request

*Subject

Status Initial

*Employee ID

*Name Designated EE

*Acting Capacity Action ▼

Acting Capacity Extension

Early Termination

New Acting Capacity

*Acting Position

*Start Date

*End Date

Department

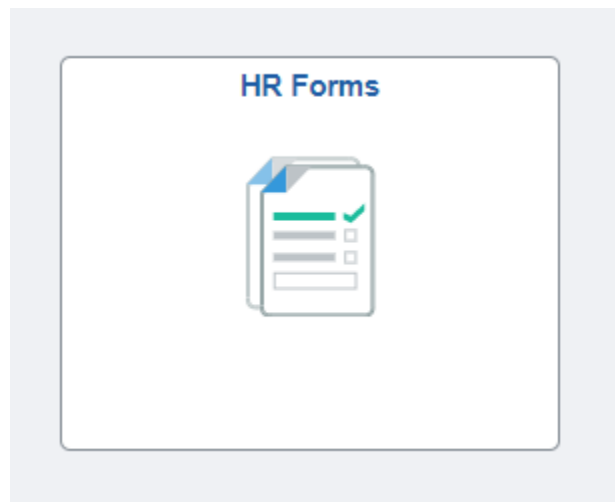
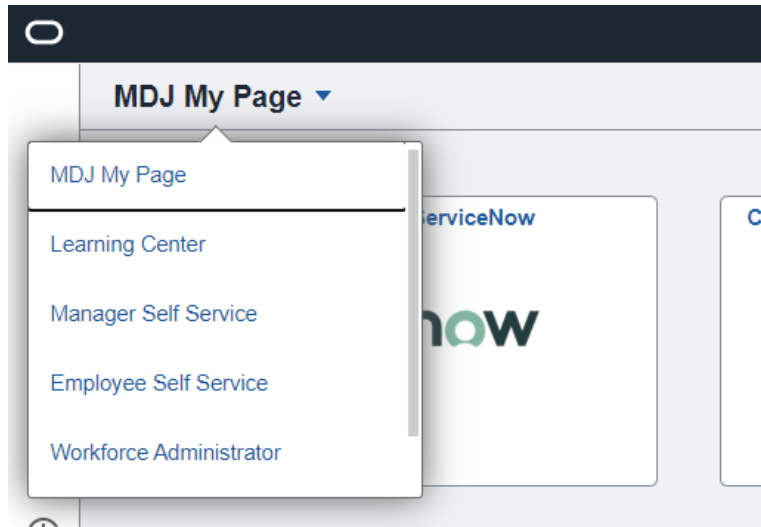
*Designation Reason

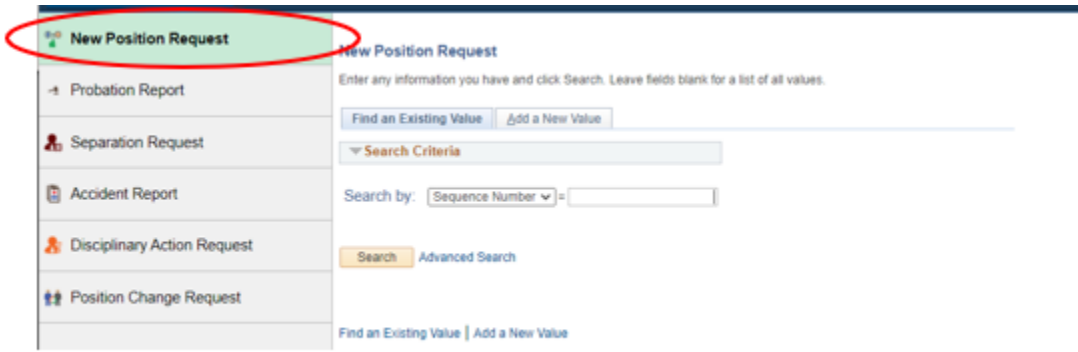
Name of current or former incumbent

- ✎ All the fields should have the same information as the Initial request, the only change will be the Acting Capacity Action option selected—either Acting Capacity Extension or Early Termination; the End Date; an update to the ‘More Information’ section to explain why this new request is being submitted.
- ✎ Of course, if you encounter any difficulty, or require additional assistance, a member of the Classification and Salary Administration Team will be more than happy to assist.
- ✎ There is an Application for Acting Capacity; this may be forwarded to you upon acknowledgment of the request or located here: [Acting Capacity Application](#)
- ✎ This application is only for positions that the incumbent has not previously acted in and the person will act in a job function greater than the one currently assigned to them.

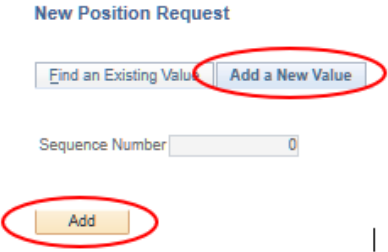
New Position Request

- ✍ This form is to request all type of positions (Regular, Temp and Contractual)
 - ✍ The Regular positions need to be requested within the Budget prep time frame
 - ✍ The Contractual and Temp positions can be requested through the year
- Navigate to the Manager Self Service homepage > click the HR Forms tile > on the left panel click **New Position Request**.





- Click on **Add a New Value** to bring up the electronic form and complete according to your business needs. It is important to note that **all** these request types require Administrative Official approval and are dependent upon legislation approval; a separate form is required for each position requested.



Three tabs are then shown at the top of the form: titled *Form; Instructions; Attachments*

A. Form

Form Instructions Attachments

New Position Request

*Subject: _____

Status: Initial

IMPORTANT: A separate form for each position is required

*Jurisdiction [Location] _____

Contact Name _____

Phone Number _____

*Program # _____

*New Position _____

*Has this position been requested previously? _____ ▼

If position been requested previously, in what Fiscal Year(s)? _____


New Contractual _____

Contractual PIN _____

Name _____

*Is need associated with a New Program? _____ ▼


If Yes, please indicate the name of the Program _____


*Projected Effective Date _____ 


- Fill out each required field; the form will not save if the required fields are blank.
- Part 1: General Position Information

Part 1: General Position Information

*Position Title _____

*Department _____ 

*Location _____ 

*Reporting To _____ 

*Full-Time / Part-Time _____ ▼

*Position Type _____ ▼

Temporary Type _____ ▼

For the Max Head Count, indicate how many individuals may hold this position.

*Position Maximum Head Count _____

For the Part-Full Time (%) field, indicate 1.0 if the position is 100% FTE or indicate the correct percentage of employment (e.i. 0.5)

*Part-Full Time (%) _____

*Standard Hours _____

*Essential Position _____ ▼

- Position Title: the title for the position requested
- Department: indicate the department for which the position is requested

- Location: indicate the location for which the position is requested
 - Reporting To: indicate the position to which the new position requested will report to
 - Full-Time/Part-Time: indicate whether the position is full-time or part-time
 - Position Type: indicate whether the position is Contractual, Regular or Temporary
 - Temporary Type: if you selected a Position Type of 'Temporary', select the subgroup in this field
 - Position Maximum Head Count: indicate how many individuals may hold this position
 - Part-Full Time (%): indicate 1.0 if the position is 100% FTE or indicate the correct percentage of employment (i.e. 0.5)
 - Standard Hours: indicate the standard number of weekly hours for this position
 - Essential Position: Yes or No answer to whether this position is essential
- Part 2: Justification
 - Describe why the position is needed. If you need more space, use the 'More Information' field at the bottom of the electronic form

Part 2: Justification

Please describe in detail why the position is needed, i.e., statistical data, workload or standards, volume of work, other external impacts on the organization, etc.

Note: If you need more space use the More Information field below.

*Justification

254 characters remaining

- Part 3: Provide Job Duties and Responsibilities
 - can be a short version of the attached PDQ

Part 3: Job Duties and Responsibilities

A PDQ form should be attached, if the position is unique and subject to classification review.

Note: If you need more space use the More Information field below.

Job Duties

254 characters remaining

Responsibilities

254 characters remaining

- Part 4: Education/Experience/Skills/Abilities/Special Knowledge, etc. required
 - Provide the minimum education and experience required for the position requested along with the skills, abilities, and knowledge needed to perform those duties

Part 4: Education/Experience/Skills/Abilities/Special Knowledge, etc. required

A PDQ form should be attached, if the position is unique and subject to classification review.

Note: If you need more space use the More Information field below.

Education and Experience

254 characters remaining

Skills/Abilities/Special Knowledge

- Part 5 and Part 6: to be completed by the Human Resources the Budget Departments, respectively

New Position Request

New Position Request Form

- This form is to request all type of positions (Regular, Temp and Contractual)
- The Regular positions need to be requested within the Budget prep time frame.
- The Contractual and Temp positions can be requested through the year.

Complete the following sections of the **New Position Request Form**.

Form Tab: click on the **Form Tab**

1. **Subject:** The system will default this information using the position's title and work location once the request is saved. The subject line will help to track the transaction.
2. **Jurisdiction [Location]:** Indicate the Location for which the position is requested.
3. **Contact Name:** Indicate the person to contact in regards to this request.
4. **Phone Number:** Indicate the office number to contact for the above mentioned.
5. **Program #:** The program number for the position requested.
6. **New Position:** Indicate the title for this position.
7. **Has this position been requested previously?** – A yes or no answer.
8. **If position been requested previously, in what Fiscal Year(s)?** – A yes or no answer.
9. **New Contractual:** Yes or No answer if the position requested is for a contractual position.
10. **Contractual PIN:** If the above answer is yes, than indicate the contractual PIN for this new position if available.
11. **Name:** Indicate the name of the individual who will occupy this new position if available. **ONLY FOR CONTRACTUAL CONVERSIONS.**
12. **Is need associated with a New Program?** – A yes or no answer.
13. **If yes, please indicate the name of the Program:** Provide the name of the program.
14. **Projected Effective Date:** Provide the date when the new position will become effective/active.

Part 1: General Position Information

1. **Position Title:** The title for the position requested.
2. **Department:** Indicate the department for which the position is requested.
3. **Location:** Indicate the location for which the position is requested.
4. **Reporting To:** Indicate the position to which the new position requested will report to.
5. **Full-Time/Part-Time:** Indicate whether the position is full-time or part-time.
6. **Position Type:** Indicate whether the position is Contractual, Regular or Temporary.
7. **Temporary Type:** If you selected a Position Type of Temporary, select the sub group in this field
8. **Position Maximum Head Count:** Indicate how many individuals may hold this position.
9. **Part-Full Time (%):** Indicate 1.0 if the position is 100% FTE or indicate the correct percentage of employment (e.i. 0.5)
10. **Standard Hours:** Indicate the standard amount of weekly hours for this position.
11. **Essential Position:** Yes or No answer to whether this position is essential.

Part 2: Justification (254 character limit)

1. **Justification:** Indicate the reason for requiring a new position.

Part 3: Job Duties and Responsibilities (254 character limit)

1. **Job Duties:** Describe the job duties required of this position.
2. **Responsibilities:** Describe the responsibilities required of this position.

Part 4: Education/Experience/Skills/Abilities/Special Knowledge, etc. required (254 character limit)

1. **Education and Experience:** Describe the education and experience required of this position.
2. **Skills/Abilities/Special Knowledge:** Describe the skills required of this position.

Part 5: This section to be completed by the Human Resources Department Only (254 character limit)

1. Recommended Job Code
2. Salary Plan
3. Grade
4. Step
5. Salary
6. Fringe Benefits

Part 6: This section to be completed by the Budget Department Only (254 character limit)


1. New Position Number (PIN)

You will receive a confirmation email after submitting this request and as the status changes.

You can view the status of requests on this page by clicking on the **Approver Status** button.

B. Instructions – provides instructions for completing the Form

C. Attachments – provides an area to upload attachments:

 Please provide the following via the attachment tab to ensure there is no delay in processing your request.

- A completed [Position Description Questionnaire \(PDQ\)](#) form.
- A cover letter, official email correspondence, or similar proof of justification from management (i.e., Judge, State Court Administrator, Chief Clerk, Clerk of the Court, Administrative Clerk, Unit Director, etc.)
- A proposed and current organizational chart and any additional supporting documentation.