Ohio Department of Natural Resources
Position Description Authorization Form

Date: _____

Division: _____ Field Location (if applicable): _____

Position Number:_____ Dept ID: _____

Class Title: _____

Filled? _____ Overtime Status: _____

Request for: ☐ New Position
Combo Code _____
State Funded ☐ Federally Funded ☐

☐ Reclassification
class title: _____ to _____
appt. type: _____ to _____

☐ Change in Supervisor
Supervisor PN _____ to _____
class title: _____ to _____

☐ Change in Headquarter County *(Please submit a personnel action).*
Current: _____New: _____

☐ Update of duties

☐ Other _____

☐ It is herby certified that this change in supervision will not adversely affect the classification of the former supervisor. *(only necessary to check this box, if changing supervisors).*

☐ It is hereby certified that there have been no changes in the duties for this position *(only necessary to check this box, if changing supervisor, county, appt type, etc and **NO** duties have changed).*

_____ _____
Division/Office HR Date

_____ _____
Division/Office Chief Date

** not applicable in all divison/offices, as this form only pertains to the PD approval, not the approval to post or hire*

_____ _____
Office of Human Resources Date