



**University of North Carolina Wilmington
Position/Personnel Action Request**

Requesting Division and Department: _____

Position Number: _____ **Effective Date:** _____ **Ending Date:** _____

Position Action Requested: (complete for all actions)

| | | |
|---|--|---|
| <input type="checkbox"/> Establish New Position | <input type="checkbox"/> Reclassification of Existing Position | <input type="checkbox"/> Abolish Position |
| <input type="checkbox"/> Change Funding Source | <input type="checkbox"/> Position Class/Status Change | <input type="checkbox"/> Employee Action Only |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Position FTE or Mth/Year Change | <input type="checkbox"/> Other (See Comments) |

Current or New Position: (check all that apply)

| | | | |
|------------------------------|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> SPA | <input type="checkbox"/> Faculty (9 Mth Only) | <input type="checkbox"/> Time Limited | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Permanent | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Other |

Proposed EPA Title or SPA Career Band: _____ Prop. SPA Comp Level: _____

Proposed Position Type: _____ Proposed FTE: _____ Proposed Month/Yr: _____

Proposed Annual Salary: _____ Supervisor: _____ Supervisor Pos #: _____

Employee Action Requested: (check all that apply)

| | | | | |
|--|---------------------------------------|---|--|--|
| Current Employee Status: | | Employee Actions: (check all that apply) | | |
| <input type="checkbox"/> SPA | <input type="checkbox"/> Time Limited | <input type="checkbox"/> New Hire | <input type="checkbox"/> Demotion | <input type="checkbox"/> CB Comp Level |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Promotion | <input type="checkbox"/> Status Change/FTE | <input type="checkbox"/> Comp/Skill Change |
| <input type="checkbox"/> Faculty (9 Mth) | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Reclassification | <input type="checkbox"/> Status Change/Class | <input type="checkbox"/> Duties Change |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Other | <input type="checkbox"/> Reassignment | <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Labor Market |

Employee's Name: _____

Current EPA Title or SPA Career Band: _____ SPA Comp Level: _____

Proposed EPA Title or SPA Career Band: _____ Proposed Comp Level: _____

Current Annual Salary: _____ Home Org: _____ FTE/ (hrs/wk): _____ Month/Yr: _____

Proposed Annual Salary: _____ % Change: _____ Proposed FTE: _____ Month/Yr: _____

Comments: (Rationale for employee action - new hire salary or employee salary change; attach the competency assessment if necessary.)

Budget Action Requested:

Budget & Labor Distribution

If time limited, total salary required for fiscal year:

| From: | | | | To: | | | |
|-------|---------|-----|-----------------|------|---------|-----|-----------------|
| Fund | Account | FTE | Position Salary | Fund | Account | FTE | Position Salary |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Comments: (Clarification for budget action; attach appropriate budget forms.)

Approval/Certification Signatures

For SPA pay actions all pay factors have been considered: funding; market rate; equity; and required competencies.

| | | | | | |
|-----------------------------------|---------------|------------------------------|---------------|--------------------------------------|---------------|
| _____ P I (if C&G)/ Supervisor | _____ Date | _____ Dept. Head/Director | _____ Date | _____ Dean/Asst. Vice Chancellor | _____ Date |
| _____ Research Admin (if C&G) | _____ Date | _____ Vice Chancellor | _____ Date | _____ Chancellor (if appropriate) | _____ Date |
| _____ Budget Office | _____ Date | _____ Human Resources | _____ Date | | |