

University of North Carolina Wilmington POSITION ACTION REQUEST

Requesting Department: _____

Type of Action Requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Establish New Position | <input type="checkbox"/> Reclassification of Existing SPA Position | <input type="checkbox"/> Transfer of Existing Position |
| <input type="checkbox"/> Change Funding Source | <input type="checkbox"/> Status/FTE Change | <input type="checkbox"/> Abolish Position |
| <input type="checkbox"/> In-range Salary Adjustment/
Retention Salary Adjustment | <input type="checkbox"/> Change from 9 mo. To 12 mo. | <input type="checkbox"/> Change from 12 mo. To 9 mo. |
| | | <input type="checkbox"/> Other |

Position No. _____ **Pool** _____ **Effective Date:** ____/____/____ **Ending Date:** ____/____/____

Type of Position: EPA (12 month) Full-Time If time limited, total salary required for fiscal year: \$ _____
 Faculty (9 month) Part-Time (Funding for time-limited positions must be renewed
 SPA Permanent each fiscal year and a new HR 3.30 form processed.)
 Time Limited

To be completed for all position action requests:

Proposed Rank, Title or Classification: _____
 Proposed Type: _____
 Proposed Annual Salary: \$ _____ Proposed FTE: _____ Proposed Grade: _____
(or banding level)

Additional information to be completed only if action is being requested for an existing employee:

Present Employee's Name: _____
 Present Rank, Title, or Classification: _____
 Annual Salary Rate: \$ _____ FTE: _____ SPA Grade (if known): _____
(or banding level)

Budget Information: State Appropriated Funds Grants/Contracts Receipts
 Department or Area _____
 If necessary, have appropriate budget revisions been made to reflect above action? Yes No

Comments SPA (additional assignment for permanent SPA employee) **MM001**

POSITION SALARY DISTRIBUTION

FROM					TO				
Fund	Org	Account	FTE	Annual Salary	Fund	Org	Account	FTE	Annual Salary
							912100	0	0

REQUEST / APPROVAL SIGNATURES

_____ Dept Head/Director Date	_____ Dean/Asst Vice Chancellor Date	_____ Research Admin (if C&G) Date
_____ Vice Chancellor Date	_____ Provost (if EPA/Faculty) Date	_____ Chancellor (if appropriate) Date
_____ Budget Office Date		

HUMAN RESOURCES OFFICIAL ACTION

Action:

Human Resources Signature _____ Date: _____