

## 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/<br>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**      EPA temp (for part time EPA employee)      **TEE001**

### POSITION SALARY DISTRIBUTION

FROM					TO				
Fund	Org	Account	FTE	Annual Salary	Fund	Org	Account	FTE	Annual Salary
							911100	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: \_\_\_\_\_