



**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)

<b>Current Employee Status:</b>		<b>Employee Actions:</b> (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		