HR 3.30 (Rev. 7/06)

University of North Carolina Wilmington
POSITION ACTION REQUEST

Requesting Department: _____

Type of Action Requested:

- ☐ Establish New Position
- ☐ Change Funding Source
- ☐ In-range Salary Adjustment/ Retention Salary Adjustment
- ☐ Reclassification of Existing SPA Position
- ☐ Status/FTE Change
- ☐ Change from 9 mo. To 12 mo.
- ☐ Transfer of Existing Position
- ☐ Abolish Position
- ☐ Change from 12 mo. To 9 mo.
- ☐ Other

Position No. _____ **Effective Date:** _____ **Ending Date:** _____

Type of Position: ☐ EPA (12 month) ☐ Faculty (9 month) ☐ SPA ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Time Limited

If time limited, total salary required for fiscal year: $_____
(Funding for time-limited positions must be renewed each fiscal year and a new HR 3.30 form processed.)

To be completed for all position action requests:

Proposed Rank, Title or Classification: _____

Proposed Type: _____

Proposed Annual Salary: $_____ Proposed FTE: _____ 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: _____ Banding Level (if known) _____

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: _____

POSITION SALARY DISTRIBUTION

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

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: _____