Last Modified: November, 2022

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
Position Action Form

Date Submitted:

Requesting Department:	Name of Contact:	Contact Telephone:
Name of Position's Supervisor:		Position Number of Supervisor:

Type of Action Requested: Select One	Position Number:	
Home Org:	Effective Date:	Ending Date:
Type of Position: Faculty - Submit to Office of the Provost	Non-Exempt ◯ Exempt ◯	Position Values: Select One
Number of Hours Worked Per Week:	Number of Months Worked Per Year:	

Only For Position Establishment:

Proposed Rank, Title, or Classification:		Proposed Annual Salary Rate:
Proposed Number of Months: Select One	Proposed FTE:	Proposed Banding Level: Select One

Only For Position Title Change/Reclassification:

Current Rank, Title, or Classification with Banding Level:	Banding Level: Select One
Proposed Rank, Title, or Classification with Banding Level:	Banding Level: Select One

Only For Home Org Change

Current Home Org:	New Home Org:

If necessary, have appropriate budget revisions and/or flexes been submitted to reflect above action? ◯ Yes ◯ No Flex Number:

Comments:

POSITION LABOR DISTRIBUTION					
INDEX	FUND	ORG	ACCOUNT	FTE♣	ANNUAL SALARY

♣Calculate FTE to 2 decimal places

REQUEST/APPROVAL SIGNATURES						
1	2	3	4		Budget Certification	
Department Head/Principal Investigator (Designee)	Dean/Director (Designee)	Provost/Vice Chancellor (Designee)	Human Resources	Provost's Office	Contract and Grants	Budget Office
Approved Date	Approved Date	Approved Date	Approved Date	Approved Date	Approved Date	Approved Date