



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:

Position Number:

Home Org:

Effective Date:

Ending Date:

Type of Position:

Non-Exempt

Exempt

Position Values:

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:

Proposed FTE:

Proposed Banding Level:

Only For Position Title Change/Reclassification:

Current Rank, Title, or Classification with Banding Level:

Banding Level:

Proposed Rank, Title, or Classification with Banding Level:

Banding Level:

Only For Home Org Change:

Current Home Org:

New Home Org:

Only For Reactivation of Temp/Pooled Positions:

Comments section, please provide: Temp Employee Name; **Position Labor Distribution Section**, please provide: All Funding Source/Salary Information; **Request/Approval Signatures Section**: All approval signatures are required. Budget Director has final approval for temp/pooled position reactivations.

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	Approved	Approved	Approved	Approved	Approved	Approved
Date	Date	Date	Date	Date	Date	Date