## THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

**HRS USE ONLY**

\_\_\_\_\_ Non-Exempt

\_\_\_\_\_ Exempt

\_\_\_\_\_ Class Code

# SPA CHANGE IN STATUS

##

#### Type of Change:  Type of Appointment:

#### If OTHER, Please Specify:

#### EMPLOYEE ACTION FORM

## Originator:       Phone Number:       Date June 15, 2017

Alternate Contact Person:  Phone Number:

## Supervisor:       Phone Number:

## Person Information (PPAIDEN)

ID #: Employee Name (Last, First Middle):

Current Job Family: Current Band:

Current Competency Level:  Current Department:

New Job Family: New Band:

New Competency Level: New Department:

Campus Address:  Campus Telephone:

**SALARY RECOMMENDATION (Current salary should reflect the individual’s salary if a State employee or last salary if employed outside of State government):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Salary** | **Market Rate** | **Proposed/Recommended Salary** | **% Change** |
|  |  |  | **% \***  |

If recommended salary is less than Market Rate, will additional salary adjustments follow should funds become available?

[ ]  Yes [ ]  No

**Additional Comments:**

## Employment Information (PEAEMPL)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Employee Class | Home Department Organization | Check Distribution Organization | Building Name | Room # | Employee Periods | Encumbrance Override End Date**(NBAJOBS)** |

**Job Information (NBAJOBS – Jobs Detail)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| Effective Date | Work/Pay End Date **(Complete ONLY if Time-limited Appointment or Seasonal)** | Position Number | Job FTE | Annual Salary | Earn Code | TimesheetOrganization |

**Budget Information**

Is there a change in Account number for this action? **[ ]**  Yes **[ ]**  No If yes, list old account number

Is there a change in FTE for this action? **[ ]**  Yes **[ ]**  No If yes, list old FTE for this action

Is there additional budget needed for this action? **[ ]**  Yes **[ ]**  No If yes, list additional budgeted amt required for this action $

 and Source of Funds

**Employee Salary to be Paid From Sources as Follows:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Banner Index** | **Account** | **Position Number** | **Amount** | **Dist. %** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Does this position have supervisory responsibilities for other permanent SPA positions?** **[ ]  Yes** **[ ]  No**

**Comment Section**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department Head/ Prin. Investigator** | **Vice Chancellor/Dean or Designee** | **Human Resource Services** | **Budget** | **Contracts & Grants** |
| DateBy: | DateBy: | DateBy: | DateBy: | DateBy: |

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**CAREER-BANDING**

**SALARY DECISION WORKSHEET**

**Please complete this worksheet justifying any salary change for current employee.**

|  |  |
| --- | --- |
| **Position #:**  | **Employee Name:**  |
| **New****Banded Class:** | **New** **Competency** **Level:**  | **Advertised****Salary Range:**  | **Market Rate:** |

**I.** **TYPE OF ACTION:** ***(Please check applicable action requested.)***

 [ ]  Promotion [ ]  Demotion [ ]  Grade-Band Transfer

[ ]  Reassignment [ ]  Lateral Transfer

[ ]  Career Progression Adjustment If other, specify:

**II. MUST COMPLETE AND ATTACH COMPETENCY ASSESSMENT FORM (**[**FORM #HRCB202**](http://web.uncg.edu/hrs/class_comp/HRCB202.doc)**) FOR JUSTIFYING SALARY REQUESTED.**

**III. RECOMMENDATION: *(Current salary should reflect the employee’s salary only if a State employee.)***

|  |  |  |
| --- | --- | --- |
| **Current Salary** | **\*Recommended Salary**  | **% Change** |
|  |  | **%** |

**\*Recommended Salary** must reflect consideration of the following Pay Factors:

1. ***Financial Resources*** – The amount of funding that a manager has available when making pay decisions.
2. ***Appropriate Market Rate*** – The market rate applicable to the functional competencies demonstrated by the employee.
3. ***Internal Pay Alignment***– The consistent alignment of salaries for employees who demonstrate similar required competencies in the same banded class within a work unit or organization.
4. ***Required Competencies*** – The functional competencies and associated levels that are required based on organizational business need and demonstrated.

**COMMENTS:**

**Note: Approving this form indicates verification that the above four Pay Factors have been applied in the determination of pay for this employee.**

Supervisor’s Signature: Date:

Vice Chancellor’s or Dean’s Signature: Date:

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