## 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 August 14, 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 | Timesheet  Organization |

**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** |
| Date  By: | Date  By: | Date  By: | Date  By: | Date  By: |

**1 OF 2**

**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:

**2 OF 2**