**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO**

Position Action Form for Permanent Title Changes/Reclassifications without Salary

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| **Requesting Department:** | | Click here to enter text. | | | Date Submitted: Click here to enter a date. | | |
| **Name of Supervisor:** Click here to enter text. | | | **Name of Contact:** | Click here to enter text. | | **Contact**  **Telephone:** | Click here to enter text. |
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| **Type of Action Requested: Title Change/Reclassification** | | | | | **Position Number:** | | **Click here to enter text.** | |
| **Home Org: Click here to enter text.** | | | | **Effective Date: Click here to enter a date.** | | | | |
| **Type of Position:** |  | Faculty |  | EPA Non-Faculty | |  | | SPA |

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| **To be completed for all Title Change/Reclassification Requests:**  *(Note: EPA Non-Faculty Positions require EPA Designation Document*s. SPA Reclassifications without salary require EAF.) | |
| **Current Rank, Title, or Classification with Banding Level:** Click here to enter text. | **Banding Level:**  Choose an item. |
| **Proposed Rank, Title, or Classification with Banding Level: Click here to enter text.** | **Banding Level:**  **Choose an item.** |

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| Comments: Click here to enter text. |

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| **REQUEST/APPROVAL SIGNATURES** | | | | | | | | | | | |
| 1 | | | 2 | | | 3 | | | 4 | | |
| **Department**  **Head/Principal**  **Investigator (Designee)** | | | **Dean/Director**  **(Designee)** | | | **Provost/Vice Chancellor**  **(Designee)** | | | **Human Resources** | | |
| **Approved** |  |  | **Approved** |  |  | **Approved** |  |  | **Approved** |  |  |
| **Date** |  |  | **Date** |  |  | **Date** |  |  | **Date** |  |  |
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