**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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