

UNC General Administration

**Employee Status Change/Compensation Action**

**Please Indicate Action(s) Requested**

- Reclassification
- Promotion
- Demotion/Reassignment
- Lateral Transfer
- Salary Range Revision
- In Range Adjustment (Based on market or retention for SPA graded positions.)
- Other Change(s) Please Specify \_\_\_\_\_

Comments:

Employee Name \_\_\_\_\_

Effective Date \_\_\_\_\_

**Please Indicate All Changes that Apply**

**From:**

**To:**

Employee Name	_____
Position Number	_____
Position Title	_____
Working Title (if desired)	_____
Annual Salary	_____
Source (Account Number)	_____
Div/Dept Name	_____
Dept Number	_____
Number of Hours Per Week	_____
Full-time to Part-time	_____
Part-time to Full-time	_____
Hourly Rate	_____
Extension of Appointment	_____
Dock in Pay	_____
Leave Without Pay	_____
Location for Check/Mail	_____
Supervisor's Name	_____
Supervisor's Title	_____

Probationary Period Extended To: \_\_\_\_\_

Completed On: \_\_\_\_\_

Signature of Department Approval \_\_\_\_\_

Date Approved \_\_\_\_\_