

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO  
EPA PERSONNEL ACTION FORM



ID # 2632

Date **March 9, 2005**

1. Social Security No. **000-11-222**  
2. Name: **Dr. Cooper, Caroline C.**  
3. Address: **602 Johnson Street**  
**Greensboro, NC 27402**

4. Division: **01** Unit: **22**  
Dept No.: **288**  
Dept. Name: **PSYCHOLOGY**

Country: **U.S.A.**  
5. Building: **63** Room # **100**  
Campus Phone: **334-5241**

14. Employee's Salary to be paid from sources as follows:

6. Benefits   
Increase Recommender: \_\_\_\_\_  
Timekeeper Location: \_\_\_\_\_  
Check Dist. Code: \_\_\_\_\_

Posn # Sources (Budget Subhead) Amount FTE

7. I-9 Certification Needed   
I-9 Certification Date: \_\_\_\_\_

8. Student

9. Teaching Position

10. AAO Forms Complete

11. Credentials Verified

12. U.S. Citizen  Type Visa: \_\_\_\_\_

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**Totals--** Amount  
FTE:

15. Plus Salary Increase:

13. Comments:

**To appoint as Adjunct Associate Professor for a 3-year period effective 08/01/2005-05/15/2008.**

1

NEW APPOINTMENT  REAPPOINTMENT  Promotion  
CHANGE IN:  FUNDING  RANK  SALARY  TITLE

Effective Date: **08/01/2005**

Work End Date: **05/15/2008**

Number of months worked: \_\_\_\_\_

Number of installments: \_\_\_\_\_

Rank Recommended: **Adjunct Associate Professor**

This is a Graduate Assistant

EPA Nonfaculty annual leave allowance recommended (if appropriate): \_\_\_\_\_ days

Replacement for faculty on research assignment/leave: \_\_\_\_\_

2  
3  
4

CHANCELLOR	VICE CHANCELLOR	GRAD. SCHOOL (Student only)	DEAN/DIRECTOR	DEPARTMENT HEAD	BUDGET OFFICE
Approval	Approval .....	Approval .....	Approval	Approval .....	Approval .....
Date .....	Date .....	Date .....	Date .....	Date .....	Date .....