

**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
EPA PERSONNEL ACTION FORM**



ID # 2549

Date March 3, 2005

- 1. Social Security No. 123-45-6789
- 2. Name: Smith, Amy S.
- 3. Address: 2861 W. Friendly Ave.
Greensboro, NC 27410
Country: U.S.A.
- 5. Building: 35 Room # 105
Campus Phone: 334-5241
- 6. Benefits
Increase Recommender: _____
Timekeeper Location: _____
Check Dist. Code: 324
- 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: _____

4. Division: 01 Unit: 22
Dept No.: 324
Dept. Name: THEATRE

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

Posn #	Sources (Budget Subhead)	Amount	FTE
<u>490324</u>	<u>2 - 01324 - 1310</u>	<u>\$ 12,000.00</u>	<u>.50</u>

Totals-- Amount: \$ 12,000.00
FTE: 0.50

15. Plus Salary Increase:

13. Comments:

To appoint as 1/2 Lecturer for 05/06 AY.

1 NEW APPOINTMENT REAPPOINTMENT Promotion
CHANGE IN: FUNDING RANK SALARY TITLE

Effective Date: 08/01/2005

Work End Date: 05/15/2006

Number of months worked: 9

Number of installments: 8

Rank Recommended: Lecturer

This is a Graduate Assistant

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

Replacement for faculty on research assignment/leave: _____

2
3

4 SEPARATION, REMOVAL FROM PAYROLL Effective Date: 04/30/06

Rank Lecturer

Separation Reason Appointment Completed Other _____

Reason for resignation _____

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