

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



ID # 2551

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
490324	2 - 01324 - 1310	\$ 12,000.00	.50

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

15. Plus Salary Increase:

13. Comments:

To reappoint 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