

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
EPA PERSONNEL ACTION FORM



ID # 2655

Date **March 10, 2005**

1. Social Security No. **345-67-8910**

2. Name: **Dr. Byrd, Tweedy D.**

3. Address: **1629 Robin Lane
Archdale, NC 26263**

Country: **U.S.A.**

5. Building: **44** Room # **100**

Campus Phone: **334-5241**

6. Benefits

Increase Recommender: **289**

Timekeeper Location: **289**

Check Dist. Code: **289**

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.: **289**

Dept. Name: **RELIGIOUS STUDIES**

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

Posn #	Sources (Budget Subhead)	Amount	FTE
8899	2 - 01289 - 1310	\$ 75,000.00	1.

Totals-- Amount: **\$ 75,000.00**
FTE: **1.00**

15. Plus Salary Increase:

13. Comments:

To promote to Professor effective 08/01/2005.

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

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

Work End Date: _____

Number of months worked: **9**

Number of installments: **12**

Rank Recommended: **Professor with Tenure**

This is a Graduate Assistant

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

Replacement for faculty on research assignment/leave: _____ days

2
3

4 SEPARATION, REMOVAL FROM PAYROLL Effective Date: _____

Rank _____
Separation Reason _____ Other **Ongoing/tenured**
Reason for resignation _____

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