

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



ID # 2637

Date **March 10, 2005**

1. Social Security No. 789-10-1112
 2. Name: Ms. Starbucks, Nancy B.
 3. Address: 1921 Ridgeway Drive
Greensboro, NC 27402

4. Division: **01** Unit: **22**
 Dept No.: **339**
 Dept. Name: **BROADCASTING/CINEMA**

5. Building: **233** Room # **100**
 Campus Phone: **334-5241**

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

6. Benefits
 Increase Recommender: **339**
 Timekeeper Location: **339**
 Check Dist. Code: **339**

Posn #	Sources (Budget Subhead)	Amount	FTE
4023	2 - 01339 - 1310	\$ 28,000.00	1.

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: _____

Totals-- Amount: **\$ 28,000.00**
 FTE: **1.00**

15. Plus Salary Increase:

13. Comments:

Reappoint as FT Lecturer on a permanent line for a three-year term, effective 08/01/06-05/15/09.

1

NEW APPOINTMENT REAPPOINTMENT Promotion
 CHANGE IN: FUNDING RANK SALARY TITLE

Effective Date: 08/01/2006

Work End Date: 05/15/2009

Number of months worked: 9

Number of installments: 12

Rank Recommended: Full Time 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: 07/31/2009

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