

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



ID # 2648

Date **March 10, 2005**

- 1. Social Security No. 345-67-8910
- 2. Name: Dr. Goodnight, Paul T.
- 3. Address: 629 Westhaven Rd.  
Archdale, NC 27263  
Country: U.S.A.
- 5. Building: 178 Room # 100  
Campus Phone: 334-5241
- 6. Benefits   
Increase Recommender: 276  
Timekeeper Location: 276  
Check Dist. Code: 276
- 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.: **276**  
Dept. Name: **CHEMISTRY & BIOCHEMISTRY**

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

Posn #	Sources (Budget Subhead)	Amount	FTE
<b>3219</b>	<b>2 - 01276 - 1310</b>	<b>\$ 48,000.00</b>	<b>1.</b>

**Totals--** Amount: **\$ 48,000.00**  
FTE: **1.00**

15 Plus Salary Increase:

13. Comments:

**Reappointment to a second 3-year probationary term as Assistant Professor, effective 08/01/2006-05/15/2009.**

**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: Assistant 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** SEPARATION, REMOVAL FROM PAYROLL Effective Date: 07/31/2009

Rank Assistant Professor  
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 .....