

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO  
EPA PERSONNEL ACTION FORM



ID # 2569

Date **March 4, 2005**

1. Social Security No. **123-45-6789**  
2. Name: **Dr. Broughton, Norman T.**  
3. Address: **2838 Circle Drive  
Greensboro, NC 27410**

4. Division: **01** Unit: **22**  
Dept No.: **292**  
Dept. Name: **SOCIOLOGY**

Country: **U.S.A.**  
5. Building: \_\_\_ Room # \_\_\_  
Campus Phone: \_\_\_

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

6. Benefits   
Increase Recommender: \_\_\_\_\_  
Timekeeper Location: \_\_\_\_\_  
Check Dist. Code: \_\_\_\_\_

Posn #	Sources (Budget Subhead)	Amount	FTE
<b>4685</b>	<b>2 - 01276 - 1310</b>	<b>\$ 86,000.00</b>	<b>1.</b>

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: **\$ 86,000.00**  
FTE: **1.00**

15. Plus Salary Increase:

13. Comments:

**Retiring 5/15/06 per attached letter of retirement.**

1  
2  
3

**4** SEPARATION, REMOVAL FROM PAYROLL Effective Date: **07/31/06**

Rank **Professor**  
Separation Reason **Retired** 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 .....