

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
EPA PERSONNEL ACTION FORM



ID # 2632

Date **March 9, 2005**

1. Social Security No. **000-11-222**
2. Name: **Dr. Cooper, Caroline C.**
3. Address: **602 Johnson Street**
Greensboro, NC 27402

4. Division: **01** Unit: **22**
Dept No.: **288**
Dept. Name: **PSYCHOLOGY**

Country: **U.S.A.**
5. Building: **63** Room # **100**
Campus Phone: **334-5241**

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

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: _____

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Totals-- Amount
FTE:

15. Plus Salary Increase:

13. Comments:

To appoint as Adjunct Associate Professor for a 3-year period effective 08/01/2005-05/15/2008.

1

NEW APPOINTMENT REAPPOINTMENT Promotion
CHANGE IN: FUNDING RANK SALARY TITLE

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

Work End Date: **05/15/2008**

Number of months worked: _____

Number of installments: _____

Rank Recommended: **Adjunct Associate 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

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