

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO  
EPA PERSONNEL ACTION FORM



ID # 2634

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:

Posn #	Sources (Budget Subhead)	Amount	FTE

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

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:  
FTE:

15. Plus Salary Increase:

13. Comments:

**To reappoint as Adjunct Associate Professor for a 3-year period effective 08/01/2008-05/15/2011.**

1

<input type="checkbox"/> NEW APPOINTMENT	<input checked="" type="checkbox"/> REAPPOINTMENT	<input type="checkbox"/> Promotion
CHANGE IN: <input type="checkbox"/> FUNDING <input type="checkbox"/> RANK <input type="checkbox"/> SALARY <input type="checkbox"/> TITLE		

Effective Date: 08/01/2008

Work End Date: 05/15/2011

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 .....