

**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
3219	2 - 01276 - 1310	\$ 48,000.00	1.

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