

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
4685	2 - 01276 - 1310	\$ 86,000.00	1.

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