

**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO  
EPA PERSONNEL ACTION FORM**



ID # 2567

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**

5. Building:  Room #   
 Campus Phone: \_\_\_\_\_  
 6. Benefits   
 Increase Recommender: \_\_\_\_\_  
 Timekeeper Location: \_\_\_\_\_  
 Check Dist. Code: \_\_\_\_\_

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

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. Would like final pay-out at the end of June.**

1  
2  
3

**4** SEPARATION, REMOVAL FROM PAYROLL Effective Date: **06/30/06**

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 .....