

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



ID # 20697 Date

- 1. Social Security No. **000-11-2222**
- 2. Name: **Dr. Goodchild, Adelaide M.**
- 3. Address: **603 Knightwood Drive**

4. Division: **01** Unit: **22** Ltr: \_\_\_\_\_  
Dept No.: **288** RF: \_\_\_\_\_

**Greensboro, NC 27402**

Dept. Name: **PSYCHOLOGY**

Country: **U.S.A.**

- 7. Worked at UNCG in past 12 Months  Yes  No
- Retiree in temp position  Yes  No

- 5. Building: **63** Room # **100**
- Campus Phone: **334-5241**

- 8. Student
- 9. Teaching Position
- 10. AAO Forms Complete
- 11. Credentials Verified

- 6. Benefits
- Increase Recommender: **288**
- Timekeeper Location: **288**
- Check Dist. Code: **288**

- 12. U.S. Citizen  Type Visa:
- 13. Comments:

**(THIS IS A SAMPLE PD 7) To return from Research Assignment at full pay to regular teaching assignment of 9 months worked paid in 12 installments effective 01/01/2006.**

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

Posn #	FRS: Account & Object Code	Ban. Fin.: Fund & Account	Amount	FTE
<u>2201</u>	<u>2 - 01288 - 1310</u>	<u>110056 - 101030</u>	<u>\$ 65,000.00</u>	<u>1.00000</u>

**Totals-- Amount: \$ 65,000.00  
FTE: 1**

- 15. Plus Salary Increase:

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 .....