

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



ID # 5264

Date June 2, 2005

1. Social Security No. 000-11-222  
 2. Name: Dr. Andrews, Angela T.  
 3. Address: 2838 Circle Drive  
Greensboro, NC 27402  
 Country: U.S.A.

4. Division: 01 Unit: 22 Ltr: \_\_\_\_\_  
 Dept No.: 276 RF: \_\_\_\_\_  
 Dept. Name: CHEMISTRY & BIOCHEMISTRY

5. Building: 178 Room # 100  
 Campus Phone: 334-5241

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

Posn #	Sources (Budget Subhead)	Amount	FTE
<u>1555</u>	<u>2 - 01276 - 1310</u>	<u>\$ 65,000.00</u>	<u>1.</u>

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: \_\_\_\_\_

**Totals--** Amount: **\$ 65,000.00**  
 FTE: **1.00**

15. Plus Salary Increase:

13. Comments:

**To return from short-term disability to regular teaching assignment, 9 months worked paid in 12 installments, effective 08/15/2006.**

**1**

NEW APPOINTMENT  REAPPOINTMENT  Promotion  
 CHANGE IN:  FUNDING  RANK  SALARY  TITLE

Effective Date: 08/15/2006

Work End Date: \_\_\_\_\_  
 Number of installments: 12

Number of months worked: 9  
 Rank Recommended: 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 .....