

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



ID # 2601 Date March 8, 2005

1. Social Security No. 000-11-222  
 2. Name: Dr. Hensley, Adrian T.  
 3. Address: 2838 Circle Drive  
Greensboro, NC 27402

4. Division: 01 Unit: 22  
 Dept No.: 276  
 Dept. Name: CHEMISTRY & BIOCHEMISTRY

Country: U.S.A.  
 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
1555	2 - 01276 - 1310		

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: \_\_\_\_\_  
 FTE: \_\_\_\_\_

15. Plus Salary Increase:

13. Comments:

To place on short-term disability at short-term disability rate of pay, effective 8/15/05-8/14/06

1  
 2  RESEARCH ASSIGNMENT  LEAVE OF ABSENCE  OFF CAMPUS ASSIGNMENT

Full Pay  Partial Pay  Without Pay

Purpose of assignment:

Effective Date: <u>08/15/2005</u>	Ending Date: <u>08/14/2006</u>		
Total Salary during research assignment	From State funds	From other University sources	From non-University sources
\$ _____	\$ _____	\$ _____	\$ _____

3  
 4  SEPARATION, REMOVAL FROM PAYROLL Effective Date: \_\_\_\_\_

Rank \_\_\_\_\_  
 Separation Reason Other Other New PD7 to be forwarded prior to 08/14/2006  
 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 .....