PERSONNEL ACTION REQUIRING APPROVAL OF THE PRESIDENT OR BOARD OF GOVERNORS

This form is designed for submitting all personnel requests that require the President’s or BOG approval. This form can be found at: http://www.northcarolina.edu/hr/hr\_council/EPA\_Res\_Info.htm

|  |  |
| --- | --- |
| **Name of Institution:** |  |

|  |  |
| --- | --- |
| **Name of Appointee:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** |  | **College/**  **School:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current UNC Rank or Title:**  *(if applicable)* |  | **Proposed Rank**  **or Title:** |  |

**Indicate Type of Action:** *(select all that apply)*

**Administrative Appointment:**  **Reappointment:**

**New Faculty Appointment:  Conferral of Tenure:**

**Promotion:**

**\*Salary Increase of 20% AND $15,000 or more:**

|  |  |  |
| --- | --- | --- |
| **Other:** (*describe)* |  | |
| **Distinguished Professorship:** *(provide name of professorship)* | |  |

|  |  |
| --- | --- |
| **Effective Date of Action:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contract Period:** | **Administrative Appointment:** | 9 mo. | 12 mo. |
|  | **Faculty Appointment:** | 9 mo. | 12 mo. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Salary:** | ***$*** |  | **Source(s): State Funds:** | ***$*** |  | **\*Non-State Funds:** | ***$*** |  |

\**Indicate Sources of non-state funds generically (i.e., grants, receipts, trust funds, endowments, medical faculty practice plan, etc.)*:

**Justification for Salary increase of 20% AND $15,000 or more** *(For ALL other actions, please complete items 1-7):*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Salary as of June 30th:*** | ***$*** |  | ***Current***  ***Salary:*** | ***$*** |  | ***Proposed***  ***Salary:*** | ***$*** |  | ***Percentage***  ***of Increase:*** | ***%*** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source(s): State Funds:** | ***$*** |  | **\*Non-State Funds:** | ***$*** |  |

\**Indicate Sources of non-state funds generically (i.e., grants, receipts, trust funds, endowments, medical faculty practice plan, etc.)*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Salary Range*** *(where applicable)****:*** | ***$*** |  | ***to*** | ***$*** |  |

**1. Education Background:** *(indicate degree, date earned and institution, note additional study & training*)

**2. Teaching and other professional experience:** *(Show inclusive dates, rank and/or title, institution or agency, and indicate first appointment at current institution with rank and any changes to date)*

**3. Scholarly & Creative Activities: 4. Recommendations:** *(please check appropriate responses)*

***Not***

***Type******Number******Source Recommended Recommended***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Book |  |  | Chair/Head |  |  |
| Edited Book |  |  | Dean/Director |  |  |
| Chapter |  |  | Provost/Vice Chancellor |  |  |
| Refereed Journal Article |  |  | Board of Trustees |  |  |
| Other Journal Article |  |  |  |  |  |
| Juried Performance/Show |  |  |  |  |  |
| Non-Juried Performance/Show |  |  |  |  |  |
| Other (please provide description) |  |  |  |  |  |

**5. Membership in professional organizations:**

**6. Professional service on campus:**

**7. Professional service off campus:**