

Attachment B

**PERSONNEL ACTION REQUIRING APPROVAL OF THE PRESIDENT OR BOARD OF GOVERNORS**

This form is designed for submitting all personnel requests that require BOG approval. This form can be found at: <http://www.northcarolina.edu/content.php/hr/uniform.htm>

Name of Institution: \_\_\_\_\_

Name of Appointee: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

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 15% or more AND \$10,000 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 15% or more AND \$10,000 or more:**

Salary as of June 30, 2008: \$ \_\_\_\_\_ 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 \$ \_\_\_\_\_