

**The University of North Carolina at Chapel Hill
RECOMMENDATION FOR EPA PERSONNEL ACTION
(Please type. See instructions on reverse side.)**

INITIAL APPOINTMENT REAPPOINTMENT PROMOTION OTHER (specify): _____

CURRENT INFORMATION TO BE COMPLETED BY NOMINEE

1 Name: _____
Last First Middle

2 Address: _____ Telephone No. _____

3 Date of Birth: _____ Birthplace: _____ Citizenship: _____ Race: _____ Sex: _____
Country Code Code

4 Are you related by blood or marriage to any person now employed by The University of North Carolina at Chapel Hill?
 Yes No If yes, give the relative's name, relationship and department name: (See back of form.)

5

EDUCATION	Name and Location of College or University	Degree, Diploma, or Certificate	Date Conferred	Major
Baccalaureate				
Graduate or Professional				
Other				

6

EXPERIENCE	Name of Employer	Rank or Title	Employment Dates
Current			
Previous			

7 Attach curriculum vita including: (a) other professional experience and activities, (b) memberships in scholarly and professional organizations, (c) publications, and (d) contracts and grants received. (See back of form.) CV attached: Yes No

8 I hereby certify that all information above is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

TO BE COMPLETED BY INITIATING UNIT

9 Is this position contingent on the availability of funds? Yes No

10 Date of nominee's first UNC-CH EPA appointment: _____ Rank: _____ Department: _____

TO BE COMPLETED FOR EPA NON-FACULTY NOMINEE ONLY

11 Position Title: _____ Date Action Effective -- Beginning: _____ Ending: _____

TO BE COMPLETED FOR FACULTY NOMINEE ONLY

12

Present Appointment (if applicable)			Proposed Appointment	
Base Unit				
Rank				
Date Action Effective	Beginning	Ending	Beginning	Ending
Joint Unit				
Joint Rank				
Date Action Effective	Beginning	Ending	Beginning	Ending

If the nominee is currently holding tenure to retirement, indicate the initial date tenured: _____

Term Proposed: Tenure to Retirement Probationary term of _____ years Fixed term of _____

13 If initial appointment (including initial tenure track), interviewed by: _____

14 Letters of recommendation by: _____

RECOMMENDED BY

15 This recommendation meets the University's requirements as follows: Nepotism Policy: Yes No
 Affirmative Action Plan: Yes No Not Applicable Credentials Verification:

Signature: _____ Title: _____ Date: _____

Form AP-2 Instructions

An AP-2 form is to be completed for a new appointee who is Exempt for the Personnel Act (EPA) and to effect any subsequent changes in appointment, reappointment, or promotion.

Line 3 RACE and SEX. Enter the appropriate numerical Race Code and the Sex Code as follows:

Race Code

- 1 = White (not of Hispanic origin). Persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- 2 = Black (not of Hispanic origin). Persons having origins in any of the black racial groups.
- 3 = American Indian or Alaskan Native. Persons having origins in any of the original peoples of North America.
- 4 = Asian or Pacific Islander. Persons having origins in any of the original peoples of the Far East, Southeast Asia, Pacific Islands (China, Japan, Philippines, Korea, American Samoa, etc.), or Indian subcontinent.
- 5 = Hispanic. Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.

Sex Code

- M = Male
- F = Female

Line 4 A relative, in general, includes the following:

Brother, Brother-in-law	Guardian or Ward	Sister, Sister-in-law
Daughter, Daughter-in-law	Half-Brother, Half-Sister	Son, Son-in-law
Father, Father-in-law	Husband, Wife	Stepdaughter, Stepson
First Cousin	Mother, Mother-in-law	Stepfather, Stepmother
Grandfather, Grandmother	Nephew, Niece	Uncle, Aunt
Grandson, Granddaughter		

Line 7 a. List all post-degree training and/or experience
 c. Categorize publications under the following headings and list the inclusive page numbers, authors (in actual order), and publication (or in press) dates.

Book	Monograph
Book Chapter	Refereed* Article
Book Review	Other Article
Dissertation	Published Note or Abstract

* *Refereed Article*: If in press, in addition to the above information, list the target publication date. Also, if the article has been submitted and/or accepted for publication, list the number of manuscript pages and date submitted and/or accepted.

d. Provide titles or topics of contracts and grants for which you were Principal Investigator or Co-Principal Investigator, and identify funding agencies, beginning and ending dates, and total amount of awards.

Line 10 Date of nominee's first UNC-CH EPA appointment is the date of most recent continuous permanent or temporary appointment.

Line 12 Complete the PRESENT APPOINTMENT section only if nominee is currently employed by the University and is recommended for reappointment, promotion, and/or an additional title as follows:

Base Unit:	Enter the name of the nominee's present primary department, institute, or school.
Rank:	Enter the present rank held in the base unit.
Date Action Effective:	Enter beginning and ending dates of present appointment in base unit.
Joint Unit and Joint Rank:	Enter the name of each additional unit in which faculty rank is presently held and the corresponding rank.
Date Action Effective:	Enter beginning and ending dates of present joint appointment.

Complete the PROPOSED APPOINTMENT section as follows:

Base Unit:	Enter the name of the nominee's proposed primary department, institute, or school.
Rank:	Enter the proposed rank held in the base unit.
Date Action Effective:	Enter beginning and ending dates of proposed appointment in base unit.
Joint Unit and Joint Rank:	Enter the name of each additional unit in which faculty rank is proposed and the corresponding rank.
Date Action Effective:	Enter beginning and ending dates of proposed joint appointment.

Term Proposed: Check the appropriate block. If a probationary term at the rank of instructor, assistant professor or associate professor, or if a fixed term appointment, enter the duration of appointment.

Line 14 Letters of recommendation as required by divisional review procedures (Academic Affairs or Health Affairs).

Line 15 Recommendation is initiated by the Department Chairman or Dean, as appropriate, and submitted to the appropriate Administrative Office for review and approval.