

Personnel Action Form

| | | | | | | Human Resources |
|--|--|------------|--------------|----------------------------------|---|-------------------------------|
| Banner ID # | Last Name Davis, Sandra | First | | Middle In | itial | Telenhone |
| Address | Davio, Carara | | | City | | State Zip |
| Part I: Check all that apply | | | | | | |
| Classification: New Employee | | | | | vnlain) | |
| Administrative/Professional | ☐ Extension | | | | | |
| Faculty Support Staff | Salary Adjus | etment | chang | change in length of contract | | |
| Support Staff Temporary Full-1 | | | | | | |
| Regular Part-Time Separation (date:) | | | | | | |
| Part II: Assignment/Accounting Number of months/weeks below notes how the position is funded; it does not guarantee employment status for a person. | | | | | | |
| All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures. | | | | | | |
| Support Staff employees are at-will employees. | | | | | | |
| CURRENT Division/Unit: Allied Health | | | | | Job Vacancy No.: (if applicable) 1312 F 097 | |
| Job Title/Position: Instructor for Associate Degree Nursing | | | | | Specialized Area: Associate Degree Nursing | |
| Budgeted Position? Yes No | | | | | Funded in which FY? FY16 | |
| Budget Number: 1110.14181.6091.102 | | | | | Position No. (NBAPOSN): ADNO 10 | |
| Compensation: | Annual Sched FAC | | | | Hourly Rate: (Part-time only) | |
| s 64,224 | Hourly Grade 1 Other (explain) Step 24 | | | | \$ N/A per hr x hrs/wk x wks = \$ per year | |
| Start Date: 01/13/2014 | End Date: N/A | | 0 | At-will-employee Per contract | If temporary, N/A | anticipated termination date; |
| Position is funded for the following | number of months/v | weeks: | | | | |
| | nths 🔘 12 mo | | er (specify) | | | |
| PROPOSED Division/Unit; Allied Health | | | | | Job Vacancy No.: (if applicable) 1312 F 097 | |
| Job Title/Position: Instructor for Associate Degree Nursing | | | | | Specialized Area: Associate Degree Nursing | |
| Budgeted Position? • Yes • No Name of Replaced Employee: N/A | | | | | Funded in which FY? FY16 | |
| Budget Number: 1110.14181.6091.102 Position No. (N | | | | | | (NBAPOSN): ADNO10 |
| Compensation: | Annual Sched FAC | | | | Hourly Rate: | (Part-time only) |
| \$ 55,050 | O Hourly Other (exp | ly Grade 1 | | | \$ N/A per hr x hrs/wk x wks = per year | |
| Start Date: 08/22/16 | | | | | If temporary, anticipated termination date: N/A | |
| Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify) | | | | | | |
| Explanation of Action: needs to decrease contract commitment due to family situation | | | | | | |
| | | | | | | |
| Part III: Position/Budget Authorization Date Approved by Dean Date | | | | | | |
| Deborah Yancey Dit: cariebborah Yancey Dis: cariebbor | | | | | | |
| Approved by Division Chair Date Approved by Vice President Date | | | | | | |
| Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date | | | | | | |
| | | | | | | |
| Budget Approval Budget Approval Budget Approval Betty h. Melothory 6-7-16 | | | | | | |
| 13. Doca 6/1/6 Betty h. M. (chos) 6-7-16 | | | | | | |

Reg. 821

HR Requisition Number F 1605 0034