



Personnel Action Form
Human Resources

Director ID #	Last Name Kumar, Esther	First	Middle Initial	Telephone 512-791-0490
City			State	Zip

Part I: Check all that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Moving from part time to full time status.
<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time		

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: _____ Job Vacancy No.: (if applicable) _____

Job Title/Position: _____ Specialized Area: _____

Budgeted Position? Yes No Funded in which FY? _____

Budget Number: _____ Position No. (NBAPSN): _____

Compensation: Annual Hourly Other (explain) _____

Sched _____ Grade _____ Step _____ Hourly Rate (Part-time only)
\$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year

Start Date: _____ End Date: _____ At-will-employee Per contract

If temporary, anticipated termination date: _____

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify) _____

PROPOSED Division/Unit: _____ Job Vacancy No.: (if applicable) **2002 F 013**

Job Title/Position: **Instructor of Associate Degree Nursing** Specialized Area: **Associate Degree Nursing**

Budgeted Position? Yes No Name of Replaced Employee: **Angy Gonzalez** Funded in which FY? **FY20**

Budget Number: **1110-14181-6091-102** Position No. (NBAPSN): **ADN001**

Compensation: **\$ 56,050** Annual Hourly Other (explain) _____

Sched **FAC** Grade **1A** Step **20** Hourly Rate (Part-time only)
\$ **200** per hr x **200** hrs/wk x **140** wks = \$ **56,000** per year

Start Date: **08/17/20** **08/24/20 DP** At-will-employee Per contract

If temporary, anticipated termination date: **n/a**

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify) _____

Employee of Action: _____

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date: 4/29/20	Approved by Director	Date: 5/7/20
Approved by Division Chair	Date: 5-7-2020	Approved by Vice President	Date: _____
Approved by Cabinet Level Supervisor	Date: _____	Reviewed by Human Resources	Date: 5-11-20
Budget Approval	Date: 05/13/2020	Approved by President	Date: 05/13/20