

## Personnel Action Form Human Resources

Banner ID#		Last Name First Pendergraft, Amy		Mi	ddle Initial	Telephone Telephone	
Address				City	City State Zip		
Part I: Check all that apply							
Classification: Administrative/Profes Faculty Support Staff	Extension	□ New Employee     □ Extension     ☑ Salary Adjustment		Other (explain)			
Temporary O Regular	☐ Separati	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 N/A	Job Vacancy No.: (if applicable) N/A	
Job Title/Position: Instructor of ADN					Specialized ADN		
Budgeted Position? • Yes No					Funded in wl	Funded in which FY? FY22	
Budget Number: 1110-14181-6091-102					Position No.	Position No. (NBAPOSN): ADNO04	
Compensation:	nual	Sched FAC			Hourly Rate: (Part-time only) $ \begin{array}{ccccccccccccccccccccccccccccccccccc$		
\$ 66,556		Other (explain)   Grade   1					
Start Date: 01/01/13	End Da N/A	End Date: N/A			ee If temporary,	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)							
PROPOSED Division/Unit: Allied Health					Job Vacancy N/A	Job Vacancy No.: (if applicable) N/A	
Job Title/Position: Instructor of ADN					Specialized A	Specialized Area: ADN	
Budgeted Position?  Yes  No Name of Replaced Employee: N/A					Funded in wh	Funded in which FY? FY23	
Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADNO						(NBAPOSN): ADNO04	
Compensation:		Annual Sched FAC Hourly Grade 1				Hourly Rate: (Part-time only) NA per hr x $NA$ hrs/wk x $NA$ wks =	
s 67,140		urly er (explain)	Grade 1 Step 23			hr x N/A hrs/wk x N/A wks =	
Start Date: 08/22/22			At-will-employee Per contract		ee If temporary, N/A	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: Adjustment for longevity as agreed upon February/March 2015							
Part III: Position/Budget Authorization							
Recommended by Supervisor/Department Head Date Approved by Date Andrea Shropshire, DNP, MSN, RN Date: 2022.08.17 12:11:03-0500' Donald S							
					Date: 2022.08.17 13:38:39 -05'00'		
Carol Derkowski Digitally signed by Carol Derkowski					Leigh Ann Collins Digitally signed by Leigh Ann Collins		
Date: 2022.08.17 14.57.00 -0500					Date: 2022.08.17 /3:20:11, -05'00'  Reviewed by Human Resources  Date		
(Respell Behavers 8/10/2022)							
Budget Approval Date					Approved by President Date		
B. DKocian 08/19/2012 But a meg 100) 8-22-22							
Reg. 821 HR Requ	isition Number	2208 063		2466	7	Revised May 29, 2014	