



**Personnel Action Form**  
Human Resources

Banner ID # _____ @	Last Name Merta, Holly E.	First	Middle Initial	Telephone
Address		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"/> Full-Time <input checked="" type="radio"/> Regular <input type="radio"/> Part-Time	<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
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**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.

<b>CURRENT</b> Division/Unit:		Job Vacancy No.: (if applicable)
Job Title/Position:		Specialized Area:
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No		Funded in which FY?
Budget Number:		Position No. (NBAPOSN):
Compensation: <input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched _____ Grade _____ Step _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	End Date:	<input type="radio"/> At-will-employee <input type="radio"/> Per contract
If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)		

<b>PROPOSED</b> Division/Unit:		Job Vacancy No.: (if applicable)
Life Science/Instruction		2503 F 011
Job Title/Position:		Specialized Area:
Instructor of Biology		Biology
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Candace Doriski	Funded in which FY? FY25
Budget Number: 1110-14301-6091-100		Position No. (NBAPOSN): BIO012
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>7</u> Step <u>4</u>	Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year
Start Date: 08/18/25	<input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: n/a
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)		

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Jennifer Mahlmann</b> Digitally signed by Jennifer Mahlmann Date: 2025.04.02 11:01:23 -05'00'	Approved by Dean  Date
Approved by Division Chair <b>Kevin Dees</b> Digitally signed by Kevin Dees Date: 2025.04.02 11:15:52 -05'00'	Approved by Vice President <b>Leigh Ann Collins</b> Digitally signed by Leigh Ann Collins Date: 2025.04.04 11:58:34 -05'00'
Approved by Cabinet Level Supervisor  Date	Reviewed by Human Resources  Date
Budget Approval  Date	Approved by President  Date