

Personnel Action Form

								Hur	nan Resources	
Banner ID #	Last Name Le, Tri				Middle Initial		tial	Telephone		
Address	Le, III	City			itv		State	Zip		
						,		State	Zip	
Part I: Check all that apply										
Classification: VNew Employee Other							xplain)			
Administrative/Professional Faculty	☐ Extension									
Support Staff	Salary Adjustment									
Temporary Regular Full-7 Part-7	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:							Job Vacancy No.: (if applicable)			
Inh Title/Docition:										
Job Title/Position:							Specialized Area:			
Budgeted Position? Yes No						Funded in which FY?				
Budget Number:							Position No. (NBAPOSN):			
Compensation:	Annual		Sched _				Hourly Rate: (Part-time only)		
	O Hourly						\$ per hr x hrs/wk x wks =			
\$	Other (expl	Other (explain) Step					\$ per	year		
Start Date:	End Date:	End Date:			at-will-employee If temporary, er contract		anticipated termination date:			
Position is funded for the following number of months/weeks:										
O 9 months O 10 ½ months O 12 months O Other (specify)										
PROPOSED Division/Unit: Math and Physical Science / Instruction							Job Vacancy No.: (if applicable) 2408 F 030			
Job Title/Position:						Specialized Area:				
Temporary Instructor of Mathematics Budgeted Position? OYes ONo Name of Replaced Employee: James Hopson						Mathematics Funded in which FY? FY25				
Budget Number:								ATT L DOGUE		
1110-14305-6091-100							Position No. (NBAPOSN): MAT19T			
Compensation:	Mnnual Annual					Hourly \$ n/a		ate: (Part-time only) per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks =		
s 24,775	O Hourly	Hourly Grade 1 Other (explain) Step 5					\$ n/a per year			
Start Date:	Other (expl	am)	Step _	_	At-will-em	plovee		anticipated terminati	ion date:	
08/19/24					Per contrac		012/13/24	antioipated terminati	ion date.	
Position is funded for the following number of months/weeks:										
O 9 months O 10 ½ months O 12 months O Other (specify) Fall 2024 Semester										
Explanation of Action:										
Part III: Position/Budget Authori										
Part of the same o						ed by Dean			Date	
Yvonne Smith	DN: cn=Yvonne Smith, o c=US Date: 2024.08.13 11:41:	=Math Department Head, our 32-05'00'	=WCJC, email=smithy@wo	cjc.edu,						
						Approved by Vice President Date Digitally signed by Leich App Collins				
Jennifer Mauch Department										
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date										
				(1	Mhi	(Shi	msen	8/15/24	
Budget Approval	2		Da	te	Approv	d by Preside	ent	4 1 5	Date	
<u>120</u> /√	Ety () W	2. C. 1			1	Botto	McCrel	he) 8 %	5.29	
Reg. 821 HR Requisitio	n Number F 2	408 00	45			1		Revised	May 29, 2014	