

## **Personnel Action Form**

Banner ID #	Last NI.	75		Human R	lesources	
(a)	Last Name HANN, TAMMY L.	First	Middle	Initial Telephone		
Address	_ <del>_</del>		City	State Zip	1	
Bart Y. Ch. J. (Id)						
Part I: Check all that apply  Classification:						
Classification:  Administrative/Professional Staff  Extension			∐Other	(explain)		
Faculty Support Staff		dension dary Adjustment				
Temporary	<del>~</del>	paration (date:				
Regular O Part-	Time		20.00			
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)						
Allied Health				1207-F-064		
Job Title/Position:				Specialized Area:		
Instructor of Associate Degree Nursing				Nursing		
Budgeted Position? • Yes O No				Funded in which FY? FY17		
Budget Number: 11110_14181.6091.102				Position No. (NBAPOSN): ADNO11		
C Dok					1	
AND CONTROL OF THE PROPERTY OF	Hourly	Sched FAG Grade 1	<u>,                                     </u>	Hourly Rate: (Part-time only)  \$ NA per hr x NA hrs/wk x NA	wks =	
\$ 58,050	Other (explain)	Step 28		\$ NA per year	— «K3 –	
Start Date: 08-22-2016	End Date: NA		At-will-employee Per contract	If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks:						
9 months 10 10 1/2 months 12 months Other (specify)						
PROPOSED Division/Unit: ALLIED HEALTH				Job Vacancy No.: (if applicable) 1207-F-64		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING				Specialized Area: NURSING		
Budgeted Position? • Yes No Name of Replaced Employee: NA				Funded in which FY? FY18		
Budget Number:					1	
Compensation:	Annual Sched FAC			Hourly Rate: (Part-time only)		
s 58,550	Hourly	Grade 1	<del></del>	\$ NA per hr x NA hrs/wk x NA wks =		
Start Date	Other (explain)	Step 29	At-will-employee	\$ NA per year		
08-21-2017			Per contract	If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks:  9 months 0 10 ½ months 0 12 months 0 Other (specify)						
Explanation of Action: ADJUSTMENT FOR LONGE	VITY AS AGREED UP	ON FEBRUAR	Y/MARCH 2015			
Part III: Position/Budget Authoriz						
Recommended by Supervisor/Depar		Date	Approved by Dean	-	Date	
Andrea Shropshire, DNP, MSN, RN  Out. contained Shropshire, DNP, MSN, RN  Out. contained Shropshire, order (Shropshire)  Out. Str. 27th. 17 (19.86.85.85)  Out. vir. 27th. 17 (19.86.85.85)			Megan Cos	Megan Costanza Distribution Megan Costanza Distribution Costanza Distribution Costanza Distribution Costanza Distribution Costanza Costanza Distribution Costanza Distribution Costanza Distribution Dis		
Approved by Division Chair Date			Approved by Vice	Deta: 2017.07.20 09:10:45 -05:00*	Date	
Carol J. Derkowski  Digitally signed by Carol J. Derkowski Date: 2017.07.19 13:29:35 -05'00'			500	7-27819		
				Reviewed by Human Resources Date		
			AMA	Ang from 7-31-17		
Budget Approval		Date	Approved by Presid	ient	Date	
BARROCIAL		7/3/17	Betti,	ameliea 7-3,	1-17	
Reg. 821 HR Requisition	Number <u> </u>	0039	7	RECEIVED Revised May 29,		

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Vice Posident of Instruction
Desc. 7 30 17 Initial: TC