



Personnel Action Form

Human Resources

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Banner ID #	Last Name DAVIS, SANDRA	First	Middle In	itial Telephone	
Address			City	State Zip	
Part I: Check all that apply					
Classification:				Other (explain)	
Administrative/Professional	Staff Extens	sion			
Faculty Support Staff Salary Adjustment					
Temporary		ation (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)					
ALLIED HEALTH				1312-F-097	
Job Title/Position:				Specialized Area:	
INSTRUCTOR OF ASSOCIATE DEGREE NURSING				NURSING	
Budgeted Position? • Yes • No				Funded in which FY? FY19	
Budget Number: 1110.14181.6091.102				Position No. (NBAPOSN): ADNO10	
Compensation:	Annual	Sched FAC		Hourly Rate: (Part-time only)	
70.057	O Hourly	Grade 1		$\$ NA per hr x NA hrs/wk x NA wks =	
s 70,057	Other (explain)	Step 30	_	\$ NA per year	
Start Date: 08-20-2018	End Date:		At-will-employee Per contract	If temporary, 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: ALLIED HEALTH				Job Vacancy No.: (if applicable) 1312-F-097	
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING				Specialized Area: NURSING	
Budgeted Position?				Funded in which FY? FY20	
Budget Number: 1110.14181.6091.102				Position No. (NBAPOSN): ADNO10	
Compensation:	Annual	Sched FAC		Hourly Rate: (Part-time only)	
	O Hourly	Grade 1		\$ NA per hr x NA hrs/wk x NA wks =	
s 70,640	Other (explain)	Step 31		\$ NA per year	
Start Date: 08-19-2019			At-will-employee Per contract	If temporary, 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)					
Explanation of Action: ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015					
Part III: Position/Budget Authorization					
Recommended by Supervisor/Depart	ment Head	Date	Approved by Dean	Date	
Andrea Shropshire, DNP, MSN	Digitally signed by Andrea Shropshire, DNP, MSN, FN, DN: cn=Andrea Shropshire, DNP, MSN, RN, o=Who ou=Associate Degree Nursing, email=shropshirea@		Paul I Quinn Digitally signed by Paul J. Quinn		
Approved by Division Chair	Date: 2019 07 08 10:16:44 -05'00'	Date: 2019.07.12 11:08:43 -05'00' Approved by Vice President Date			
Carol Derkowski	Digitally signed by Carol I	7			
	Date: 2019.07.11 10:05:4	7/15/19			
Approved by Cabinet Level Supervisor	ог	Date	Reviewed by Juman Resources 07/22/19		
Budget Approval		Approved by President Date			
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HR Requisition Number F 1907 0033

Revised May 29, 2014

Vice President of Instruction.
Date: 7 29 Initial: TC