

Personnel Action Form
Human Resources

Banner ID #	Last Name Gardner, Anna "Kay"	First	Middle Initial	Telephone
Address		City		State Zip
Part I: Check all that apply				
Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input checked="" type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular		<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)
<input type="radio"/> Full-Time <input type="radio"/> Part-Time				
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)	
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 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
PROPOSED Division/Unit:			Job Vacancy No.: (if applicable)	
Student Services			1809 F 055	
Job Title Position:			Specialized Area:	
Counselor			Academic Advising/Counseling	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No		Name of Replaced Employee: Patti Lawlor		Funded in which FY? FY19
Budget Number: 1110-14101-6093-503			Position No. (NBAPOSN): COU003	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>6</u>	Hourly Rate: (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year	
\$ 64,068				
Start Date: 11/26/18		<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 type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)				
Explanation of Action:				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head		Date	Approved by Dean	
Approved by Division Chair		Date	Approved by Vice President	
Approved by Cabinet Level Supervisor		Date	Reviewed by Human Resources	
Budget Approval		Date	Approved by President	

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