



Personnel Action Form

Human Resources

Banner ID # @	Last Name KORENEK, PATRICIA A.	First	Middle Initial	Telephone
Address		City		State Zip

Part I: Check all that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" 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.

CURRENT Division/Unit: Allied Health	Job Vacancy No.: (if applicable) 1204-F-032
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY17
Budget Number: 1110.14181.6091.102	Position No. (NBAPOSN): ADN008
Compensation: \$ 68,891 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-22-2016 End Date: NA	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract If temporary, anticipated termination date: NA
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: ALLIED HEALTH	Job Vacancy No.: (if applicable) 1207-F-032
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING	Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY18
Budget Number: 1110.14181.6091.102	Position No. (NBAPOSN): ADN008
Compensation: \$ 69,474 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-21-2017 End Date: <input checked="" type="radio"/> At-will-employee <input checked="" 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 checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:
ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN DN: cn=Andrea Shropshire, DNP, MSN, RN, o=Wharton County Junior College, ou=Associate Degree Nursing, email=ashropshire@wcjc.edu, c=US Date: 2017.07.19 13:30:20 -05'00'</small>	Date Approved by Dean Megan Costanza <small>Digitally signed by Megan Costanza DN: cn=Megan Costanza, o=WCJC, ou=Vocational Instructor, email=mcostanza@wcjc.edu, c=US Date: 2017.07.20 09:18:27 -05'00'</small>
Approved by Division Chair Carol J. Derkowski <small>Digitally signed by Carol J. Derkowski Date: 2017.07.19 13:30:20 -05'00'</small>	Date Approved by Vice President [Signature] 7-24-17
Approved by Cabinet Level Supervisor	Date Reviewed by Human Resources [Signature] 7-31-17
Budget Approval [Signature] 7/31/17	Date Approved by President [Signature] 7-31-17