

Personnel Action Form

		First	Middle In	itial Te	elenhone Resources
Address	Flores, Patricia		C':		3/4.15
Address			City		State Zip
Part I: Check all that apply					
Administrative/Professional Staff Faculty Support Staff		nployee on Adjustment ion (date:)	Other (explain)		
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? Yes No				Funded in which FY?	
Budget Number:				Position No. (NBAPOSN):	
Compensation:	Annual Hourly Other (explain)	Sched Grade Step		Hourly Rate: (Part-time only) \$per hr xhrs/wk xwks = \$per year	
Start Date:	End Date:	8	At-will-employee Per contract	If temporary, anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)					
PROPOSED Division/Unit: Allied Health				Job Vacancy No.: (if applicable) 2208 F 048	
Job Title/Position: Instructor of Associate Degree Nursing				Specialized Area: Associate Degree Nursing	
Budgeted Position? •Yes •No	Name of Replaced Employee	Esther Ku	mar	Funded in which FY? FY23	
Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADNO0					
Compensation:	O Annual O Hourly	Sched F Grade 01		Hourly Rate: (Part-time only) \$\frac{n/a}{2} \text{per hr x} \frac{n/a}{2} \text{hrs/wk x} \frac{n/a}{2} \text{wks} =	
s 27,525	Other (explain)	Step 18		\$ n/a per year	
Start Date: 01/09/23			At-will-employee Per contract	If temporary, anticipated termination date: n/a	
Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify)					
Explanation of Action: (\$55,050 Annually 9 Mo.; \$27,525-starting Spring 2023)					
Part III: Position/Budget Authorization					
Recommended by Supervisor/Department Head Date Approved by Dear Digitally signed by Sandra Davis Party 2023 44 02 46 02 02 07 09 1				Dig.	Date itally signed by Donald S Smith
Approved by Division Chair	Donald S Smith Digitally signed by Donald S Smith Date: 2022.11.02 16:15:07 -05'00' Approved by Vice President Date				
Carol Derkowski	Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2022.11.02 16:22:55 -05'00'				
Approved by Cabinet Level Supervisor	Supervisor Date Reviewed by Human Resources / Date				
Budget Approval 3. DKocusin	uļ	15/2022	Approved by Preside	Me Cu	h 11/15/22 h 11/15/22