

Personnel Action Form Human Resources

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Banner ID # , @	Last Name Isip, Jomar D.					Middle Initial		Telenhone	
Address					City		State	Zip	
Part I: Check all that apply									
Classification:							plain)		
Administrative/Professional Faculty	☐ Extension								
Support Staff	Salary Adjustment								
Temporary Regular Full-7 Part-7	Separation (date:)								
Part II: Assignment/Accounting	Number of months/w	eeks below n	otes how the	position	n is fund	ed; it does no	t guarantee emp	oloyment status for a	person.
All Administrative/Professional and									
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 Sched						Hourly Rate: (Part-time only)		
\$	Q Hourly	Grade						r hr x hrs/wk x wks =	
	Other (expl	ain)	Step			·		\$per year	
Start Date:	End Date:	End Date:				ill-employee If temporary, anticipated terminat ontract		ion date:	
Position is funded for the following 9 months 10 ½ mo	number of months/v		Other (spe	cify)					
			- Cilior (ppo				Joh Vacancy	No.: (if applicable)	
PROPOSED Division/Unit: Communications and Fine Arts / Instruction							2312 F 067		
Job Title/Position: Instructor of English							Specialized Area: English		
Budgeted Position? OYes ONo Name of Replaced Employee: Sharon Prince							Funded in which FY? FY24		
Budget Number: 1210-14503-6091-100							Position No. (NBAPOSN): ENGO11		
Compensation:	Annual		Sched F	AC				(Part-time only)	
. 50 550	O Hourly							hr x _n/a hrs/wk	$x \underline{n/a} wks =$
\$ 58,550	Other (expl	ain)	Step _1	10				year	
Start Date: 08/19/24		At-will-				If temporary, anticipated termination date: n/a			
Position is funded for the following 9 months 10 ½ mo	_		Oth (-:6-\					
② 9 months ② 10 ½ mo	nins D 12 moi	iths 💟	Other (spe	ciry)					
Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Approved by Dean Date									
Recommended by Supervisor/Department Head Date					rappiored by Dean Date				
Approved by Division Chair		-	Da	ite		ved by Vice P		D1 # P	Date
Patrick Ralls Digitally signed by Patrick Ralls DN: cn=Patrick Ralls, o, ou, email=rallsp@wcjc.edu, c=US Date: 2024.04.02 10:45:05-05:00'					Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2024.04.02 12:37:02 Digitally signed by Leigh Ann Collins Date: 2024.04.02 12:37:02 Digitally signed by Leigh Ann Collins				
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources								Date	
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Budget Approval		. 1.	las la		Appro	ved by Presid	ent	nsen 4	Date
13. Marian		04	JUZIZO	24	1	Spatin	an	dell y	2-24
Reg. 821 HR Requisition	on Number 2	404 0	014			i coly		Revise	d May 29, 2014