



Personnel Action Form

Human Resources

Banner ID #	Last Name Shropshire, Andrea	First	Middle Initial	Telephone
Address		City	State	Zip

Part I: Check all that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Change in contract length
<input checked="" 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: Allied Health	Job Vacancy No.: (if applicable) 1312 F 096
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY16
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADN005
Compensation: \$ 55,550	Hourly Rate: (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 08/18/14	End Date: N/A
<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade <u>2A</u> Step <u>22</u>
	<input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
	If temporary, anticipated termination date: N/A

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: Allied Health	Job Vacancy No.: (if applicable) 1312 F 096
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: N/A
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADN005
Compensation: \$ 74,068	Hourly Rate: (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 09/01/16	End Date: N/A
<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade <u>2A</u> Step <u>22</u>
	<input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
	If temporary, anticipated termination date: N/A

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head <i>Deborah Yancy</i> Date 5-6-16	Approved by Dean Date
Approved by Division Chair <i>[Signature]</i> Date 5-6-16	Approved by Vice President <i>[Signature]</i> Date 5-9-16
Approved by Cabinet Level Supervisor Date	Reviewed by Human Resources <i>[Signature]</i> Date 5-12-16
Budget Approval <i>B. D. Kocian</i> Date 5/12/16	Approved by President <i>[Signature]</i> Date 5-12-16

Reg. 821 HR Requisition Number **1605 0021**

RECEIVED Revised May 29, 2014

Vice President of Instruction
Date: **5/9/16** Initial: **TC**

[Handwritten initials]