

Personnel Action Form

					Human Resources
Banner ID # -	Last Name	First	Middle In	itial	Telephone
@ Address	Beair, Linda S.		City		State Zip
	3. 4		City		State Zip
Part I: Check all that apply					
Classification:	Other (explain)				
Administrative/Professional Staff			Detinosson		
Faculty Support Staff Support Staff			Retirement		
Temporary			·		
O Regular ○ 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: Instruction/Allied Health				Job Vacancy No.: (if applicable) N/A	
Job Title/Position: Instructor of Vocational Nursing				Specialized Area: Vocational Nursing	
Budgeted Position? • Yes • No				Funded in which FY? FY22	
Budget Number: 1110-14184-6091-102				Position No. (NBAPOSN): LVN004	
Compensation:	Annual	Sched FAC		Hourly Rate: (Part-time only)
s 77,401	7 401 Q Hourly Grade 1		_	\$ n/a per hr x n/a hrs/wk x n/a wks =	
	Other (explain)	Step 25		 	year
Start Date: 08/23/2004	End Date: 04/15/22		At-will-employee Per contract	If temporary, a	anticipated termination date:
Position is funded for the following number of months/weeks:					
9 months O 10 1/2 months O 12 months O Other (specify)					
PROPOSED Division/Unit:				Job Vacancy No.: (if applicable)	
Job Title/Position:				Specialized Area:	
Budgeted Position? OYes ONo Name of Replaced Employee:				Funded in which FY?	
Budget Number: Position No. (NBAPOSN):					
Compensation:	Annual Sched		-	Hourly Rate: (Part-time only)	
	O Hourly	Grade	_	\$ per hr x hrs/wk x wks =	
\$	Other (explain)	Step		\$ per	year
Start Date:			At-will-employee Per contract	If temporary, a	inticipated termination date:
Position is funded for the following number of months/weeks:					
O 9 months O 10 1/4 months O 12 months O Other (specify)					
Explanation of Action:					
Part III: Position/Budget Authorization					
Recommended by Supervisor/Department Head Kayla Drabek Date Approved by Dean Digitally signed by Donald S Smith Donald S Smith Date: 2022.03.31 13:28:51-05:00'					
Kayla Drabek	Donald S Smith Digitally signed by Donald S Smith Date: 2022.03.31 13:28:51 -05'00'				
Approved by Division Chair	Approved by Vice President Date				
Carol Derkowski Date: 2022.03.31 12:54:06 -05:00'			Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2022.03.31 16:55:24 -05'00'		
Approved by Cabinet Level Superviso	or	Date	Reviewed by Human	, ,	Date
		(Buchel	Duhn	un 4-5-22
Budget Approval		Date	Approved by Preside	nt	Date
N.D)OCION	04	02/5055	Dutter 9	Maluel	4.5-22) 4-8-22