

Personnel Action Form

Banner ID #	Last Name First MCKENZIE, AMBER				Middle Initial		Telephone	urces	
Address					City		State Zip		
Part I: Check all that apply									
O Administrative/Professional	New Employee			Other (explain)			1/36		
	Juli	☐ Extension							
Faculty Support Staff	Salary Adjustment								
Temporary Full-T	Separation (date:)								
Regular O Part-T									
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)			
Allied Health						1603-F-012			
									
Job Title/Position:						Specialized Area:			
Instructor of Associate Degree Nursing						Nursing			
Budgeted Position? • Yes O No						Funded in which FY? FY17			
Budget Number:									
1110.14181.6091.102						Position No. (NBAPOSN): ADNO03			
Compensation:	Sched FAC				Hourly Rate: (Part-time only				
56 O50	O Hourly		Grade 2	Α		5 50	r x NA hrs/wk x NA v	vks=	
\$ 56,050	ain) Step 21				\$ NA per				
Start Date:									
08-22-2016	End Date:			At-will-employee Per contract		If temporary, anticipated termination date: NA			
Position is funded for the following number of months/weeks:									
PROPOSED Division/Unit:				90.00 VI		Job Vacancy N	No.: (if applicable)		
ALLIED HEALTH						1603-F-012			
Job Title/Position:						Specialized Ar	20.		
INSTRUCTOR OF ASSOCIATE DEGREE NURSING						NURSING			
Budgeted Position? Yes No Name of Replaced Employee: NA						Funded in which FY? FY18			
Budget Number									
1110.14181.6091.102 Position No. (NBAPOSN): ADNO03									
Compensation:	 Annual 	Annual Sched				Hourly Rate: ()	Part-time only)		
FO FF0	O Hourly					NA per hr x NA hrs/wk x NA wks =			
s 56,550	Other (expl				\$ NA per year				
Start Date:	1 Other (expi	4111)	Step 2		201 100 000				
08-21-2017			8° 122	At-will-		If temporary, a	enticipated termination date:	3	
Position is funded for the following a	umber of months/s	veeks.		<u> </u>			W. C.		
Position is funded for the following number of months/weeks: 9 months 0 10 ½ months 0 12 months 0 Other (specify)									
Explanation of Action:									
ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015									
Part III: Position/Budget Authoriz									
Recommended by Supervisor/Department Head Date Approved by Dean Date								Date	
Deglally supmed by Andrea Shropshire, DNP, MSN, RN Andrea Shropshire, DNP, MSN, RN, DN, Creabydins Stropshire, DNP, MSN, RN UNACCEPTION COUNTY Juvier College. UNACCEPTION COUNTY Juvier College. UNACCEPTION COUNTY Juvier College.									
Approved by Division Chair Date Approved by Vice President Date									
Carol I Derkowski Digitally signed by Carol J. Derkowski)atc	
Date: 2017-07-79 15:31-49-03-00									
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date								ate	
July 1						1000	- / 1/17		
Budget Approval Date Approved by P						ent		Date	
Box b.1 - B							. ~	i Lug	
13.11) Out le Melulu 7-31-17									
Reg 821 HR Requisition	Number [1	707 0	027	_	7	Be b(in 'be é	W/ N' NE was a second		