

Personnel Action Form

Human Resources

Banner ID # @	Last Name Blagg, Brandi	First	Middle Initial	Teleph
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 checked="" type="radio"/> Temporary <input type="radio"/> Regular	<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<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:		Job Vacancy No.: (if applicable)
Job Title/Position:		Specialized Area:
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No		Funded in which FY?
Budget Number:		Position No. (NBAPOSN):
Compensation:	<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched _____ Grade _____ Step _____ Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	End Date:	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract If temporary, anticipated termination date:

Position is funded for the following number of months/weeks:
☐ 9 months ☐ 10 ½ months ☒ 12 months ☐ Other (specify)

PROPOSED Division/Unit:		Job Vacancy No.: (if applicable)
Vocational Science / Vocational Instruction		2502 F 008
Job Title/Position:		Specialized Area:
Instructor of Emergency Medical Services		EMS
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a	Funded in which FY? FY25
Budget Number: 1210-14026-6091-102		Position No. (NBAPOSN): EMT09T
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 3 Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 07/16/25	08/18/25	<input checked="" type="radio"/> At-will-employee <input type="radio"/> 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:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Karl Johnson Digitally signed by Karl Johnson Date: 2025.06.18 15:58:02 -05'00'	Approved by Dean Danny Bacot Digitally signed by Danny Bacot Date: 2025.06.19 07:54:08 -05'00'
Approved by Division Chair Gary Bonewald Digitally signed by Gary Bonewald Date: 2025.06.18 17:21:17 -05'00'	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.06.19 08:27:19 -05'00'
Approved by Cabinet Level Supervisor	Reviewed by Human Resources
Budget Approval Betty A. McCreesh Digitally signed by Betty A. McCreesh Date: 7/23/25	Approved by President Betty A. McCreesh Digitally signed by Betty A. McCreesh Date: 7-23-25