

Personnel Action Form

Banner ID # Last Name SHROPSHIRE,		First REA	Middle	Fuman Resources Initial Telephone
Address			City	State Zip
Part I: Check all that apply				
Classification: Administrative/Professional Staff Faculty Support Staff Temporary Full-Time		New Employee Extension Salary Adjustment Separation (date:)		er (explain)
Regular O Part-T	ime			
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: Nursing
Budgeted Position? ① Yes ① No				Funded in which FY? FY17
Budget Number: 1110.14181.6091.102				Position No. (NBAPOSN): ADNO05
Compensation: \$83,401	♠ Annual Sched FAC ○ Hourly Grade 7 ○ Other (explain) Step 24			Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-22-2016	End Date: NA		At-will-employee 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: ALLIED HEALTH				Job Vacancy No.: (if applicable) 1312-F-096
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING				Specialized Area: NURSING
Budgeted Position? OYes No Name of Replaced Employee: NA				Funded in which FY? FY18
Budget Number: 1110.14181.6091.102				Position No. (NBAPOSN): ADNO05
Compensation: \$ 84,067	Annual Hourly Other (explain)	Sched F Grade 7 Step 2	AC	Hourly Rate: (Part-time only) \$\frac{NA}{per \text{ per hr x \ NA}}{NA} \text{ hrs/wk x \ NA} \ wks = \$\frac{NA}{per \text{ year}}
Start Date: 08-21-2017	O o o o o o o o o o o o o o o o o o o o	step	At-will-employee Per contract	If temporary, anticipated termination date:
Position is funded for the following number of months/weeks: O 9 months 10 ½ months O 12 months O Other (specify)				
Explanation of Action: ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head Date Approved by Dear Andrea Shropshire, DNP, MSN, RN Discontine, DNP, MSN, RN DNP, MSN				00.7000000000
Andrea Shropshire, DNP, MSN, RN Office Shropshire (DMP, NSN, RN OFFICE COMPANDED COMPA				Dane: 2017,07.20 09:21:01 -0.50¢*
Carol J. Derkowski Digitally signed by Carol J. Derkowski Date: 2017.07.19 13:34:21 -05'00'				7.3 020
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date 1-11-17				
Budget Approval		Da	,,	2
Reg. 821 HR Requisition Number (= 1707 0034) Reg. 821 PECETIVED Revised May 29 2014 20				

HR Requisition Number <u>F</u> 1707 0034