

## Personnel Action Form Human Resources

Banner ID #	Last Name King, Nathan	First	Middle	Initial	Telenhone	
Address			City		State Zip	
Part I: Check all that apply						
Classification: Administrative/Professional Staff Faculty Support Staff		New Employee Extension Salary Adjustment		r (explain)		
O Temporary O Regular O Full-Time O Part-Time		Separation (date:)				
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 I	No.: (if applicable)	
Job Title/Position:				Specialized Area:		
Budgeted Position? OYes ONo				Funded in which FY?		
Budget Number:				Position No. (	Position No. (NBAPOSN):	
Compensation:	Annual Hourly			Hourly Rate: (Part-time only) S per br x brs/wk x wks =		
\$	Other (explain)			\$per year		
Start Date:	End Date: OAt-will-OPer control		At-will-employee Per contract	If temporary, anticipated temnination date:		
Position is funded for the following number of months/weeks: 9 months 0 10 ½ months 0 12 months 0 Other (specify)						
PROPOSED Division/Unit: Communications and Fine Arts				Job Vacancy No.: (if applicable) 2109 F 038		
Job Title/Position: Instructor of English				Specialized A English	Specialized Area: English	
Budgeted Position? OYes ONo Name of Replaced Employee: Mary Lang				Funded in which FY? FY22		
Budget Number: 1110-14503-6091-100 40%, 1210-14503-6091-100 60% Position No. (NBAPOSN): ENG005						
Compensation: \$ 55,550	Annual Hourly Other (explain)	ain) Step 7		\$ <u>Na</u> per 1	Hourly Rate: (Part-time only) \$ <u>n'a</u> per hr x <u>n'a</u> hrs/wk x <u>n'a</u> wks = \$ <u>n'a</u> per year	
Start Date: 08/22/22	At-will-empl		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 0 Other (specify)						
Explanation of Action:						
Part III: Position/Budget Authorization						
Becommended by Supervisor/Department Head         Date         Approved by Dean         Date           Sharon L. Prince         Digitally signed by Sharon L. Prince         Digitally signed by Sharon L. Prince         Date: 2022.05.09 10:20:15 -05'00'         Date         Da						
Approved by Division Chair Date Approved by Vice President						
Patrick Ralls District Rule of the set of th						
Approved by Cabinet Level Supervisor Date Reviewed by Human Reported by Human B/11/22						
Budget Approval Bin Macian DS/N2022 Bon a Maluko 5-18-23						
Reg. 821 HR Requisitio	Number F 2205	0021	- Sur	A MILER	Revised May 29, 2014	