



## **Personnel Action Form**

Banner ID #	Last Name First			Middle Initial		Telephone	nan Resources		
@ GOINS, NATASHA					City		State	Zip	
					City		State	Zip	
Part I: Check all that apply									
Classification: Administrative/Professional Faculty	New Employee ☐ Other ☐ Extension			(explain)					
Support Staff	✓ Salary Adjustment								
Temporary	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: ALLIED HEALTH							Job Vacancy No.: (if applicable) 1302-F-024		
Job Title/Position: INSTRUCTOR ASSOCIATE DEGREE NURSING						Specialized A	Specialized Area: NURSING		
Budgeted Position? • Yes • No						1	Funded in which FY? FY19		
Budget Number: +110.14181.6091.102						Position No.	Position No. (NBAPOSN): ADNO09		
Compensation:		Sched FAC			Hourly Rate:	Hourly Rate: (Part-time only)			
s 62,550	O Hourly Other (expl	Grade 2A Step 32			\$ NA per hr x NA hrs/wk x NA wks = \$ NA per year				
Start Date: 08-20-20118					At-will-employee If temporary, a Per contract		, anticipated termination	on date:	
Position is funded for the following number of months/weeks:  ② 9 months O 10 ½ months O 12 months O Other (specify)									
PROPOSED Division/Unit: ALLIED HEALTH							Job Vacancy No.: (if applicable) 1302-F-024		
Job Title/Position: INSTRUCTOR ASSOCIATE DEGREE NURSING						Specialized A	Specialized Area: NURSING		
Budgeted Position?						Funded in which FY? FY20			
Budget Number: 14181.6091.102 Position No. (NBAPOSN): ADN009									
Compensation:	Annual Hourly	Ξ				Hourly Rate: (Part-time only)  \$ NA per hr x NA hrs/wk x NA wks =		x NA wks=	
s 63,050	Other (explain	ain)	1			1			
Start Date: At-wil					At-will-employee Per contract	If temporary,	If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks:  9 months  10 ½ months  12 months  Other (specify)									
Explanation of Action: ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015									
Part III: Position/Budget Authorization									
Recommended by Supervisor/Department Head  Approved by Department Head  Andrea Shropshire, DNP, MSN, RN  Only drift springer by Andrea Shropshire, DNP, MSN, RN  Only drift springer by Andrea Shropshire, DNP, MSN, RN  Paul J. C						Digitally signed by Paul J. Quinn			
Dafe: 2019 07 08 10:22:10 -05'00'						Paul J. Quinn Digitally signed by Paul J. Quinn Date: 2019.07.12 11:09:55 -05'00'  Approved by Vice President Date			
Carol Derkowski Digitally signed by Carol Derkowski Date: 2019.07.11 10:04:06 -05'00'					J. U 7-15-19				
Approved by Cabinet Level Supervisor Date Reviewed						Human Resources Date			
Budget Approval			Da	ite	Approved by Pres	dent		Date	
13.10 Hocian		7	118	19	But	a. Mel	Zuka 7	-23-19	
Reg. 821 HR Requisition	Number	907 (	2034		7	Hall (	Revised N	May 29, 2014	

Revised May 29, 2014

Vice President of Instruction
Date 7 12 19 Initial: TC