



Personnel Action Form

Human Resources

Banner ID #	Last Name			Middle	e Initial	Telephone	
	LINDSEY, SH	AVVNA		City		Ct-t 7	
Address				City		State Zip	
art I: Check all that a	oply						
Classification:			mployee	Oth	er (explain)		
Administrative/Pro	Extension						
Faculty Support Staff		Salary	Adjustment				
Temporary	• Full-Time	-	tion (date:	,			
	O Part-Time			_)			
art II: Assignment/Acc	ounting Number of months/v	weeks below	notes how the p	osition is funded; it do	es not guarantee em	ployment status for a person.	
Il Administrative/Profes	sional and Faculty (Contract)	and Support	Staff (Non-Cont	tract) employees are en	nployed according t	o WCJC Policies and Procedures.	
upport Staff employees a	re at-will employees.						
CURRENT Division/Unit:						No.: (if applicable)	
ALLIED HEALTH					1410-F-059		
Job Title/Position:					Specialized Area:		
NSTRUCTOR ASSOCIATE DEGREE NURSING					NURSING		
Budgeted Position? O Yes O No						nich FY? FY19	
Budget Number: 1110.14181.6091.102					Position No. (NBAPOSN): ADN007		
ompensation:	O Annual		Sched FAC			(Part-time only)	
-	Grade 2				$\underline{NA} per hr x NA hrs/wk x NA wks =$		
58,550	Other (exp	lain)	Step 25			year	
tart Date: 3-20-2019	End Date:	,		At-will-employee Per contract	If temporary,	anticipated termination date:	
	<u> </u>						
-	following number of months/ $10\frac{1}{2}$ months O 12 mo		Other (specif	y)			
PROPOSED Divis	ion/Unit			·	Job Vacancy	No.: (if applicable)	
ALLIED HEALTH					ADN007		
Job Title/Position: NSTRUCTOR ASSOCIATE DEGREE NURSING					Specialized Area: NURSING		
sudgeted Position? OYes ONo Name of Replaced Employee: NA					Funded in which FY? FY20		
Budget Number: 1110.14181.6091.102				1	Position No.	(NBAPOSN): ADN007	
Compensation:	• Annual		Sched FAC			(Part-time only)	
-	O Hourly		Grade 2		1	hr x <u>NA</u> hrs/wk x <u>NA</u> wks =	
59,050	Other (exp	lain)	Step 26			year	
tart Date: 00 10)		At-will-employee	If temporary,	anticipated termination date:	
08-19-2	2019			• Per contract		-	
	following number of months/ $10\frac{1}{2}$ months Q 12 months		Other (specify	7)			
xplanation of Action:			,				
DJUSIMENIFOR art III: Position/Budge	LONGEVITY AS AGRE		FEBRUAR				
ecommended by Superv	isor/Department Head		Date	Approved by Dea	an	Date	
Andrea Shropshire, DNP, MSN, RN or analysis of the straight with the straight with the straight of the straig					Digitally signed by Paul J. Quinn		
Approved by Division Chair Date				Approved by Vic		Date: 2019.07.12 11:11:24 -05'00'	
Carol Derkowski					i rostaont	0 1 6	
	CVI Digitally sign			The		1-12 101	
	SKI Date: 2019.0	07.11 09:59:4		D	Da-	A D.	
	SKI Date: 2019.0	07.11 09:59:4	Date	Reviewed Hu	Resturced	Date 07/22/19	
pproved by Cabinet Lev	SKI Date: 2019.0	07.11 09:59:4		fre		Date 07/22/19 Date	
	SKI Date: 2019.0	07.11 09:59:4	Date	Approved by Fre		19 07/22/19 Date	
pproved by Cabinet Lev udget Approval	el Supervisor		Date	Approved by Fre	silent	Date 100 7-23-19	
pproved by Cabinet Lev udget Approval	el Supervisor	07.11 09:59:4	Date	Approved by Fre	na Resurce Silent <i>G. M.C</i>	107/22/19 Date	
udget Approval	el Supervisor		Date	Approved by Fre	situat (<i>G. M.</i> C	Date 7-23-19	