

Personnel Action Form

					Human Resources	
Banner ID #	Last Name Oliver, Monica	First	Middle I	nitial	Telenhone	
Address			City		State Zip	
Part I: Check all that apply						
Classification: Administrative/Professional S		✓ New Employee		explain)		
○ Faculty		Extension				
Support Staff Temporary Support Staff		ary Adjustment				
Temporary		aration (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 A	rea:	
Budgeted Position? O Yes O No				Funded in whi	ch FY?	
Budget Number:				Position No. (NBAPOSN):	
Compensation:	O Annual	Sched _		Hourly Rate: (Part-time only)	
	Hourly	Grade		\$per h	nr x hrs/wk x wks =	
\$	Other (explain)	Step		\$ per	уеат	
Start Date:	End Date		At-will-employee Per contract	If temporary, a	anticipated termination date:	
Position is funded for the following number of months/weeks:						
9 months O 10 1/2 months O Other (specify)						
PROPOSED Division/Unit: Academic, Career and Transfer - Student Success				Job Vacancy No.: (if applicable) 2202 A 004		
Job Title/Position: Title V HSI Experiential Learning Specialist				Specialized Ar		
Budgeted Position? OYes ONo Name of Replaced Employee: Kelly Novikoff				Funded in whi	ch FY? FY22	
Budget Number: 21181-6071-6131-501				Position No. (1	NBAPOSN): GNC14T	
Compensation:	Annual	Sched A		Hourly Rate: (Part-time only)	
s 42,525	O Hourly	Grade 05	<u>. </u>		r x <u>n/a</u> hrs/wk x <u>n/a</u> wks =	
	Other (explain)	Step 8		\$ n/a per	year	
Start Date: 05/23/22			At-will-employee Per contract	If temporary, a 08/31/22	inticipated termination date:	
Position is funded for the following number of months/weeks: O 9 months 10 ½ months 12 months O ther (specify)						
Explanation of Action:						
Part III: Position/Budget Authorization						
Recommended by Supervisor/Department Head Date Approved by Dean Date A find a color of the Colo						
IVIICNAEI ACKINS Date: 2022_05.04 14:32:32 -0500* Lindsey McPho					Orghely reprod by Lindsoy McPhurum Dist unit unitery McPhuruses, a-MCJC, dus, oranimizations ortifficate, and is Date. 2022-86.84 12:13:35-48'00'	
1				by Vice President Date Digitally signed by Leigh Ann Collins Date: 2022 05 04 15:00:04 05:00		
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date						
Budget Approval	''	Date	e Approved by Preside	ent	Date	
betoción		22/19/20	22 Buty	2. m.e	nsen 5/11/22 Date Lurpe 5-1/32 Revised May 29, 2014	
Reg 821 HR Requisition N	lumber A 2205	0015	1	- // // -	Revised May 29, 2014	