

Personnel Action Form

11	Last Name Goins, Natasha	<u> </u>	irst		Middle In	itial	Telephone	nan Resources	
Address	-				City		State	Zip	
Part I: Check all that apply				-					
Classification: New Employee									
Administrative/Professional St	cr	Extension				,			
Faculty Support Staff	-	☐ Salary Adjustment Com			Compi	pleted 12 hours towards PhD			
Temporary Regular Full-Tir	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 of Associate Degree Nursing						Specialized Area: ADN			
Budgeted Position? • Yes • No						Funded in which FY? FY17			
Budget Number: 1610-14181-6091-102						Position No. (NBAPOSN): ADNO09			
Compensation:	Annual Sched FAC					Hourly Rate: (Part-time only)			
_{\$} 58,550	Hourly Grade 1A Other (explain) Step 28				- - -		\$ N/A per hr x hrs/wk x wks = \$ per year		
Start Date; 08/20/12				At-will-e		If temporary, N/A	, anticipated termination date:		
Position is funded for the following number of months/weeks: 9 months 12 months Other (specify)									
PROPOSED Division/Unit: Allied Health						Job Vacancy No : (if applicable)			
Job Title/Position: Instructor of Associate Degree Nursing						Specialized Area: ADN			
Budgeted Position? • Yes • No	No Name of Replaced Employee: N/A					Funded in which FY? FY17			
Budget Number: 1610-14181-6091-102						Position No. (NBAPOSN): ADNO09			
Compensation:	Annual Sched FAC			FAC	Hourly Rate: (Part-tim				
s 59,050	Hourly	Grade 2			-		hr x hrs/wk >	< wks =	
	Other (explain)	Step	28	——————————————————————————————————————	\$ per			
Start Date: 01/09/17				At-will-e		N/A	anticipated terminatio	on date:	
Position is funded for the following number of months/weeks: 9 months 10 1/2 months 12 months 12 months 12 months 14 months 15 months 15 months 15 months 16 months 16 months 16 months 16 months 17 months 17 months 17 months 18 months 1									
Explanation of Action:									
Part III: Position/Budget Authorization									
Recommended by Supervisor/Department Head Date Approved by Dean Date Department Head Date Date Date Date Date Date Date Date									
Andrea Shropshire, DNP, MSN, RN Decreased interplants. International Conference of Con								scardonal instruction.	
Carol Derkowski Digitally signed by Carol Derkowski									
Date: 2017.00.21 10.00.04 -0.000								Date	
Budget Approval		· · · · · · · · · · · · · · · · · · ·	ر کر اع _ر ک	ate Appr	yd by Pesid	H T		Date	
10 Maria	17	. D .	<u> </u>	ीता ≪	Xety C	Mel	vec 9	-5-1	

HR Requisition Number F 1703 000 &

Revised May 29, 2014