

## **Personnel Action Form**

					Human Resources
Banner ID #	Last Name	First	Middle Ini	tial	Telephone
@ Address	Cooley, Aaron C.	Cooley, Aaron C. City			State Zip
			Ony		State Zip
Part I: Check all that apply					
A deministrative / Due feesion of Stoff				xplain)	
Faculty	L Exter	Extension			
Support Staff		Salary Adjustment			
Temporary Regular Full-7 Part-7		ration (date:)			
	Jumber of months/weeks below	v notes how the posi	tion is funded: it does no	ot guarantee emr	ployment status for a person
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 No.: (if applicable)	
Job Title/Position:				Specialized Area:	
Budgeted Position? Yes No				Funded in which FY?	
Budget Number:				Position No. (NBAPOSN):	
Compensation:	Annual	Sched		Hourly Rate:	(Part-time only)
¢	O Hourly	Grade		\$per l	nr x hrs/wk x wks =
\$	Other (explain)	Step			year
Start Date:	End Date:	8	At-will-employee Per contract	If temporary,	anticipated termination date:
Position is funded for the following 9 months 10 ½ mo	number of months/weeks: nths 12 months 0	Other (specify)			
PROPOSED Division/Unit: Social and Behavioral Science / Instruction				Job Vacancy No.: (if applicable) 2312 F 065	
Job Title/Position: Instructor of Government				Specialized Area: Government	
Budgeted Position?				Funded in which FY? FY24	
Budget Number: 1110-14703-6091-100 20%, 1610-14703-6091-100 80%				Position No. (NBAPOSN): GOV004	
Compensation:	Annual	Sched FAC	•		(Part-time only)
\$ 58,550	O Hourly	Grade 7	-		hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks =
	Other (explain)	Step 10	A + vvi11 ammlauca		year
Start Date: 08/19/24			At-will-employee Per contract	If temporary, n/a	anticipated termination date:
Position is funded for the following  9 months 10 ½ months		Other (specify)			
Explanation of Action:		(			
Part III: Position/Budget Authoriz					
Recommended by Supervisor/Department Head Date Approved by Dean					Date
Date: 2024.03.22 12:32:15 -05'00'					
Approved by Division Chair  Date Approved by Vice  Approved by Amanda Shelton Digitally signed by Amanda Shelton					Date
Amanda Sherton Date: 2024.03.22 12:45:52 -05'00' Leigh An					Digitally signed by Leigh Ann Collins Date: 2024.03.22 16:52:32 -05'00'
Approved by Cabinet Level Supervisor  Date Reviewed by Human Resources					
		3 3	Ansh	l Duh	men 3/25/202
Budget Approval	V3	Date Date	Approved by Preside		Date
NIE POLON	20	125/2024	Derry	Q. Mes	
Reg. 821 HR Requisition	n Number	0010	6		Revised May 29, 2014