

Personnel Action Form

Banner ID#	Last Name	I	First		Middle Ini	tial	Telephone Telephone	
@ Address	Weir	H	lector				Ct.t. 7	
Address					City		State Zip	
Part I: Check all that apply								
Classification: Administrative/Professional S	to ff				Other (e	xplain)		
Faculty Support Staff	L	Extension Salary Adjustment						
Temporary		Separation (date:)						
Regular Part-Time								
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:	on: Sched					Hourly Rate: (Part-time only)		
\$	Hourly Grade					\$per hr xhrs/wk xwks = \$per year		
Start Date:	Other (explain) Step End Date:			O.A	At-will-employee	If temporary, anticipated termination date:		
O Per contract					Per contract	ir temporary, a	anderpated termination date.	
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)								
PROPOSED Division/Unit: Communications and Fine Arts						Job Vacancy No.: (if applicable) 1802 F 012		
Job Title/Position: Instructor of Spanish						Specialized Area: Spanish		
Budgeted Position?						Funded in which FY? FY18		
Budget Number: 1110-14504-6091-100 20%, 1210-14504-6091-100 20%, 1610-14504-6091-100 60% Position No. (NBAPOSN): SPA002								
Compensation:	Annual Sched FAC					Hourly Rate: (Part-time only) n/a per hr x n/a hrs/wk x n/a wks =		
\$ 53,550	O Hourly Other (explain	Grade <u>7</u> Step <u>5</u>				\$ n/a per year wks = \$ n/a per year		
Start Date: 08/20/18			At-will-employee Per contract			If temporary, anticipated termination date: n/a		
Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify)								
Explanation of Action:								
Part III: Position/Budget Authorization								
Recommended by Supervisor/Department Head Date				e	Approved by Dean Date			
Approved by Division Chair			Dat	e	Approved by Vice Pr	esident	Date	
Patrick Ralls Di correlation Ralls Di correlation Ralls and unspect Department, email-rallsp@wcjc edu, c=US Date: 2018,04,19 13149,47 -0500'							4-19-19	
Approved by Cabinet Level Supervisor Date Reviewed by Hur						Resources	Date 04/20/18	
Budget Approval		<i>a</i> /	Pat	e	Approved by Presider	11	Date	
13.8 Mocia		4	25/18	3	Betty	He Ille	Celle 9.26.18	
Reg. 821 HR Requisition Number 604 0033 Revised May 29, 2014								