

Personnel Action Form

							Human Resources	
Ranner ID #	Last Name		First		Middle Initia	al	Telephone	
Kollmann, Tina							St. 4. 7:	
City State Zip								
Part I: Check all that apply		3						
Classification: New Employee						lain)		
Administrative/Professional Staff		Extension			01			
Faculty Support Staff		✓ Salary Adjustment			Change in title/assignment			
Temporary Full-T	Separation (date:)							
C Regular C 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: Planning & IE						Job Vacancy No.: (if applicable) 1408 S 072		
Job Title/Position:						Specialized Area:		
Testing Technician						Testing		
Budgeted Position? • Yes • No						Funded in which FY? FY20		
Budget Number: 1210-14104-6101-501						Position No. (NBAPOSN): TC3001		
Compensation:	npensation: Sched O					Hourly Rate: (Part-time only)		
s 30,250	30 250					\$ N/A per hr x hrs/wk x wks =		
	Other (expla	ain)	Step	5		per		
Start Date: 10/13/14	End Date: N/A			At-will-e	-	f temporary, a	anticipated termination date:	
Position is funded for the following number of months/weeks:								
O 9 months O 10 ½ mon	nths 🚺 12 mor	nths O	Other (spe	ecify)				
PROPOSED Division/Unit: Planning & IE						Job Vacancy No.: (if applicable) 2002 A 003		
Job Title/Position: Temporary Coordinator of Testing Services						Specialized Area:		
Budgeted Position? Yes No Name of Replaced Employee: Chris Ramsey						Funded in which FY? FY20		
Budget Number:								
1610-14104-6093-501								
Compensation:	Manual Annual					Hourly Rate: (Part-time only)		
s 62,736	Hourly	Grade 1				\$ <u>N/A</u> _ per hr x hrs/wk x wks = \$ per year		
Start Data:	Other (expla	iin)	Step _	At-will-e				
02/24/20				Per contr	-	1 temporary, a 4/30/20	inticipated termination date:	
Position is funded for the following number of months/weeks: O 9 months 10 ½ months O 10½ months O Other (specify)								
Explanation of Action:								
Explanation of Action.								
Part III: Position/Budget Authoriza								
Recommended by Supervisor/Depart	Digitally signed by Amanda	Allen	Da	ate Appro	ved by Dean		Date	
Amanda Allen	DN: cn=Amanda Allen, o= Date: 2020.02.20 12:25:23	VCJC, ou=Planning and IE, -06'00'		. c=US				
Approved by Division Chair			Da		ved by Vice Presi		Date Digitally signed by Amanda Allen	
					anda Alle		DN: cn=Amanda Allen. o=WCJC, ou=Planning and IE, email=allena@wcjc.edu. o=US Date: 2020.02.20 12:25:32 -06'00'	
Approved by Cabinet Level Supervisor	or		Da	ate Review	wed by Human Re	sources d	Date Date Date Date	
Budget Approval		1	, Da	ate Appr	ved by President	1000	Date	
BOXaciai		02/2	4/203	20	Better	12.m	clehe 2-25-20	
Reg. 821 HR Requisition	Number A 20	02 000	04		7		Revised May 29, 2014	