

Personnel Action Form Human Resources

Banner ID # Last Name Sawyer, Anna		First		Middle Initial		tial	Telephone Telephone			
Address				C	City		State	Zip		
Part I: Check all that apply										
Classification: Administrative/Professional Staff Faculty Support Staff		New Employee □ Extension □ Salary Adjustment				☑other (explain) Salary adjustment per BOT approval 10/15/24.				
Temporary Regular Full-7 Part-7	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: Vocational Instruction/Allied Health					Job Vacancy No.: (if applicable) 2202 F 006					
Job Title/Position: Instructor of Associate Degree Nursing							Specialized Area: Associate Degree Nursing			
Budgeted Position? • Yes • No							Funded in which FY? 25			
Budget Number: 1110-14181-6091-102							Position No. (NBAPOSN): ADNO12			
Compensation: \$ 59,550	Annual Hourly Other (explai						Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = \$ N/A per year			
Start Date: 08/22/22	End Date:	End Date:			At-will-employee If tem		If temporary, a	temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify)										
PROPOSED Division/Unit: Vocational Instruction/Allied Health							Job Vacancy No.: (if applicable) 2202 F 006			
Job Title/Position: Instructor of Associate Degree Nursing							Specialized Area: Associate Degree Nursing			
Budgeted Position?						Funded in which FY? 25				
Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN012									N012	
Compensation:	O Annual O Hourly Other (cyclei	Sched FAC Grade 1 Step 32					Hourly Rate: (Part-time only) N/A			
Start Date: 11/01/2024	Date:			O A	t-will-em	ployee t	If temporary, anticipated termination date: N/A			
Position is funded for the following number of months/weeks: 9 months 10 12 months Other (specify)										
Explanation of Action: Salary Increase.										
Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Approved by Dean Date										
Sandra Davis Date: 2024.10.18 09:23:11 -05'00'										
Carol Derkowski Digitally signed by Carol Derkowski Date: 2024.10.18 10:42:00 -05'00'					Approved by Vice President Date Digitally signed by Leigh Ann Collins Date: 2024.10.21 10:01:34 -05'00' Reviewed by Human Resources Date					
Quel Palmen, 10-24-24									Date 24	
By Detry a. Me Crohan						Bothy McCracke 10/23/21				
Reg. 821 HR Requisition	Number 📙 241	6 005	9						May 29, 2014	