

Personnel Action Form

Human Resources

Banner ID #	Last Name Falcon, Jessica	First	Middle Ini	tial Telephone
Address			City	State Zip
Part I: Check all that apply	10.			
Classification: Administrative/Professional Faculty Support Staff Temporary Full-T	Staff Exten	y Adjustment	Other (e	xplain)
Regular Part-T		ation (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: TRiO SSS Grant				Job Vacancy No.: (if applicable) 1509 A 008
Job Title/Position: TRIO SSS Director				Specialized Area: TRIO SSS Grant
Budgeted Position? • Yes • No				Funded in which FY? FY23
Budget Number: 21177-6055-6185-400				Position No. (NBAPOSN): GND06T
Compensation:	Annual	Sched CA	_	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks =
\$ 69,401	Other (explain)	Grade 04 Step 12	_	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Start Date: 09/01/2022	End Date:		At-will-employee Per contract	If temporary, anticipated termination date: 08/31/2023
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)				
PROPOSED Division/Unit: TRIO SSS Grant				Job Vacancy No.: (if applicable) 1509 A 008
Job Title/Position: TRiO SSS Director				Specialized Area: TRIO SSS Grant
Budgeted Position? • Yes • N	o Name of Replaced Emplo	yee:		Funded in which FY? FY22
Budget Number: 21177-605	55-6185-400			Position No. (NBAPOSN): GND06T
Compensation:	Annual Hourly	Sched CA Grade 04		Hourly Rate: (Part-time only) \$ n/aper hr x _ n/a hrs/wk x _ n/a wks =
\$ 69,401	Other (explain)	Step 12		\$ n/a per year
Start Date: 09/01/2023			At-will-employee Per contract	If temporary, anticipated termination date: 08/31/2024
Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O Other (specify)				
Explanation of Action: continuation of grant				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head Date Approved by Dean Date Lindsey McPherson Olgitally elgred by Undary McPherson Olgita				
Approved by Division Chair		Date	Approved by Vice I	D. 1. II
Approved by Cabinet Level Superv	SOT	Date	Reviewed by Huma	Date: 2023.07.17 16:03:03 -05'00'
Budget Approval	<i>**</i>	7/18/2023	Approved by Presid	Date Date 7-24-73 Revised May 29, 2014
Reg. 821 HR Requisition	n Number A 2307	0019) Criti	Revised May 29, 2014