

Personnel Action Form

Banner ID # -	Last Name McDaniel, David K.	First	Middle Ir	itial Telephone
Address	saria i		City	State Zip
Part I: Check all that apply				
Classification: Administrative/Professional	Stoff	✓ New Employee ☐ Other (explain)
Faculty Support Staff	Salary A	Adjustment		
Temporary Full-T Regular Part-T		ion (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:				Job Vacancy No.: (if applicable)
Job Title/Position:				Specialized Area:
Budgeted Position? Yes No				Funded in which FY?
Budget Number:				Position No. (NBAPOSN):
Compensation:	C Annual	Sched		Hourly Rate: (Part-time only)
\$	Hourly	Grade		\$per hr x hrs/wk x wks =
	Other (explain)	Step	At-will-employee	\$per year
Start Date:	End Date:		Per contract	If temporary, anticipated termination date:
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)				
PROPOSED Division/Unit: Vocational Instruction / Technology and Business				Job Vacancy No.: (if applicable) 2210 F 063
Job Title/Position: Instructor of IT & Networking				Specialized Area: IT & Netowrking
Budgeted Position?				Funded in which FY? FY23
Budget Number: 1110-14813-6091-102 Position No. (NB.)				Position No. (NBAPOSN): CST002
Compensation:	Annual	Sched FAC		Hourly Rate: (Part-time only)
\$ 59,556	Hourly	Grade 1	-	$\frac{n/a}{n}$ per hr x $\frac{n/a}{n}$ hrs/wk x $\frac{n/a}{n}$ wks =
Start Date:	Other (explain)	l preb	At-will-employee	If temporary, anticipated termination date:
05/17/23			Per contract	n/a
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)				
Explanation of Action:				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head Date David Kucera Diff. cor-David Mucera Diff. co				Date Digitally signed by Donald S Smith
David Kucera Dit control fixed fixed a purpose of the control fixed fixed a purpose of the control fixed fixed a purpose of the control fixed f				Date: 2023.04.25 17:21:25 -05'00'
Downed Killian Colling Digitally signed by Leigh Ann Colling Digitally signed by Leigh Ann Colling				
David Nucera Business, and desired grades as, and Date: 2023.05.04 18:35:51 -05'00' Approved by Cabinet Level Supervisor Date: 2023.05.04 18:35:51 -05'00'				
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Budget Approval		Date	Approved by President	dent Date
(BKerie')	05	10/202	Rice	dent Date Q- Mc Crehe 5-10-23
Reg. 821 HR Requisition	n Number <u>F</u> 2304 00	023	- Belly	Revised May 29, 2014