

Personnel Action Form

Human Resources

Banner ID #	Last Name Zekavat	First Taraneh	Middle In	itial Telephone	
Address	Zekavat	Taranen	City	State Zip	
Part I: Check all that apply					
Classification:	G. 22	New Employee	Other (e	explain)	
Administrative/Professional Staff Faculty		✓ Extension			
Support Staff		Salary Adjustment			
Temporary O Full- Regular O Part-		Separation (date:)			
	Available of a second second second second	eks below notes how the posi	tion is funded: it does n	ot guarantee employment status for a person.	
	Faculty (Contract) an			byed according to WCJC Policies and Procedures.	
CURRENT Division/Unit:	employees.			Job Vacancy No.: (if applicable)	
	Instructional			1608 A 015	
Job Title/Position: Director of Adult Education & Literacy				Specialized Area: Adult Education & Literacy	
Budgeted Position? O Yes O No				Funded in which FY? 19	
Budget Number: 218915-6012-6185-1012				Position No. (NBAPOSN): DIR25T	
Compensation:	O Annual	Sched CA	r DP	Hourly Rate: (Part-time only)	
66067.00	O Hourly	Grade		$\frac{n/a}{n/a}$ per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wk	cs =
	O Other (expla			\$_n/a per year	
tart Date: 7/1/18	End Date: N/A	lo lo	At-will-employee Per contract	If temporary, anticipated termination date: 8/31/19	
Position is funded for the following 0 9 months 0 10 $\frac{1}{2}$ mo	number of months/we onths O 12 mon	-	9 weeks		
PROPOSED Division/Unit:				Job Vacancy No.: (if applicable)	
Instructional				1608 A 015	
Job Title/Position: Director of Adult Education & Literacy				Specialized Area: Adult Education & Literacy	
Budgeted Position? OYes ON	o Name of Replace	ed Employee: Taraneh Z	Zekavat	Funded in which FY? 20	
Budget Number: 218915-6	012-6185-10	12		Position No. (NBAPOSN): DIR25T	
Compensation:	• Annual	Sched CA	-	Hourly Rate: (Part-time only)	
72068.00	O Hourly	Grade 8	-		ks =
	O Other (expla			\$ <u>n/a</u> per year	
tart Date: 9/1/19			At-will-employee Per contract	If temporary, anticipated termination date: 8-31-20	
$ \begin{array}{c} \text{Osition is funded for the following} \\ O \text{ 9 months} \\ \end{array} \begin{array}{c} \text{O} \text{ 10 } \frac{1}{2} \\ \text{months} \end{array} $	number of months/we nths O 12 mont	-			
Explanation of Action: Extend I	-/T AEL Grant En	nployee For FY20			
Part III: Position/Budget Authori					
Recommended by Supervisor/Depar		Date	Approved by Dean	Da	ite
L'X		11-7-19			
Approved by Division Chair		Date	Approved by Vice P	resident Da	ite
Approved by Cabinet Level Supervi	sor	Date	Reviewed by Human	Resources VIII9/19	te
Budget Approval		Date	Approved by Presid		ate
B. Officiai		11/19/19	Bitte	4 Malua 11-22-	Ľ
Reg. 821 HR Requisitio	n Number A	III DO-H-H	- myen	Revised May 29, 2014	ł.
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