

## **Personnel Action Form**

Human Resources

Banner ID#,	Last Name Wetz, Amanda K.	First	Middle In	tial Telephone
Address	_		City	State Zip
Part I: Check all that apply				
Classification:     Administrative/Professional Staff     Faculty     Support Staff     Temporary     Full-Time		New Employee     Extension     Salary Adjustment     Separation (date:)		xplain)
Regular 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: Vocational Science / Instruction				Job Vacancy No.: (if applicable) 2501 F 002
Job Title/Position: Instructor of EMS				Specialized Area: EMS
Budgeted Position? • Yes • No				Funded in which FY? FY25
Budget Number: 1210-14026-6091-102				Position No. (NBAPOSN): EMT07T
Compensation:	Annual	Sched FAC	_	Hourly Rate: (Part-time only)  \$ n/a per hr x n/a hrs/wk x n/a wks =
\$ 71,403	Other (explain)	Grade 1 Step 10		\$ n/a per year
Start Date: 01/22/25	End Date: n/a		At-will-employee Per contract	If temporary, anticipated termination date: 08/31/25
Position is funded for the following number of months/weeks:  9 months  10 1/4 months  Other (specify)				
PROPOSED Division/Unit: Vocational Science / Instruction				Job Vacancy No.: (if applicable) 2501 F 002
Job Title/Position: Instructor of EMS				Specialized Area: EMS
Budgeted Position? • Yes • No Name of Replaced Employee: n/a				Funded in which FY? FY26
Budget Number: 1210-14026-6091-102				Position No. (NBAPOSN): EMT07T
Compensation:	Annual Hourly	Sched FAC Grade 1	_	Hourly Rate: (Part-time only)  \$ _n/aper hr xn/a hrs/wk xn/a wks =
s 73,403	Other (explain)	Step 11	At-will-employee	\$ _n/a per year  If temporary, anticipated termination date:
Start Date: 09/01/25			Per contract	08/31/26
Position is funded for the following number of months/weeks:  O 9 months  10 ½ months  O 12 months  O Other (specify)				
Explanation of Action:				
Part III: Position/Budget Authorization  Recommended by Supervisor/Department Head Date Approved by Dean Date				
Digitally signed by Karl Johnson			Danny Bac	Distributioned by Down Board
Approved by Division Chair  Date  Approved by Vi			Approved by Vice I	resident Date
Gary Bonewald Date: 2025.08.29 15:53:40 -05'00' Leigh Anr				Collins Digitally signed by Leigh Ann Collins Date: 2025.09.02 11:23:54 -05'00'
Approved by Cabinet Level Supervisor Date Reviewed by Ho				Date Date
Budget Approval		Date	Approved by Presid	Date Date
Reg. 821 HR Requisition Number   2508   0042   Revised May 29, 2014				