

## Personnel Action Form

Human Resources

Banner ID # @	Last Name Olatunde, Sheena P.	First Middle Initial	Telephone
Address		City	State Zip
<b>Part I: Check <i>all</i> that apply</b>			
Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular		<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____) <input type="checkbox"/> Other (explain)	
<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time			
<b>Part II: Assignment/Accounting</b> 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.			
<b>CURRENT</b> Division/Unit:		Job Vacancy No.: (if applicable)	
Job Title/Position:		Specialized Area:	
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No		Funded in which FY?	
Budget Number:		Position No. (NBAPOSN):	
Compensation:	<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched _____ Grade _____ Step _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
\$			
Start Date:	End Date:	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date:
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)			
<b>PROPOSED</b> Division/Unit:		Job Vacancy No.: (if applicable)	
Vocational Instruction/Allied Health		2407 F 022	
Job Title/Position:		Specialized Area:	
Instructor of Associate Degree Nursing		Associate Degree Nursing	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Paris Potter		Funded in which FY? FY25
Budget Number: 1110-14181-6091-102		Position No. (NBAPOSN): ADN007	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 1 _____ Step 30 _____	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
\$ 63,550			
Start Date: 11/20/24		<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: n/a
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)			
Explanation of Action:			
<b>Part III: Position/Budget Authorization</b>			
Recommended by Supervisor/Department Head		Approved by Dean	
Sandra Davis Digitally signed by Sandra Davis Date: 2024.10.30 15:57:08 -05'00'		_____ Date	
Approved by Division Chair		Approved by Vice President	
Carol Derkowski Digitally signed by Carol Derkowski Date: 2024.10.30 16:26:49 -05'00'		Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2024.10.30 15:26:24 -05'00'	
Approved by Cabinet Level Supervisor		Reviewed by Human Resources	
_____ Date		_____ Date	
Budget Approval		Approved by President	
_____ Date		_____ Date	