

Personnel Action Form

Banner ID #	nner ID # Last Name Ramsey, Chris		First stopher			Middle Initial		Telephone Telephone	
Address				(City		State	Zip	
Part I: Check all that apply									
Classification: Administrative/Professional Staff Faculty Support Staff		☐ New Employee ☐ Extension ☑ Salary Adjustment			☑Other (explain) change in title/assignment				
Temporary Regular Full-T Part-T	Separation (date:)								
Part II: Assignment/Accounting N All Administrative/Professional and Support Staff employees are at-will e	Faculty (Contract) a					_			
CURRENT Division/Unit: Administrative Services	,				Job Vacancy No.: (if applicable) 1701 S 004				
Job Title/Position: Administrative Services Specialist						Specialized Area: Sugar Land Campus			
Budgeted Position? • Yes • No						Funded in which FY? FY19			
Budget Number: 1610-113-6101-400						Position No. (NBAPOSN): SPC027			
Compensation: \$ 35,500	Annual Hourly Other (expla	ain)	Sched P Grade 15 Step 4			Hourly Rate: (Part-time only) \$ N/A per hr x hrs/wk x wks = \$ per year			
Start Date: 05/08/17	End Date: N/A			At-will-employee Per contract		If temporary, anticipated termination date:			
Position is funded for the following r 9 months 10 ½ mon	number of months/w	_	Other (spe	cify)					
PROPOSED Division/Unit: Student Services						Job Vacancy No.: (if applicable) 1903 A 008			
Job Title/Position: Coordinator of Testing						Specialized Area: Testing			
Budgeted Position? Yes No Name of Replaced Employee: Leslie Kolojaco						Funded in which FY? FY19			
Budget Number: 1410-1410	4-6093-50					Position No. (NBAPOSN): CRI	D015	
Compensation: \$ 58,069	Annual Sched AA Hourly Grade 1 Other (explain) Step 4					Hourly Rate: (Part-time only) \$ N/A per hr x hrs/wk x wks = \$ per year			
Start Date: 04/17/19	To state (exp.))		At-will-em		If temporary, a	anticipated termination	n date:	
Position is funded for the following number of months/weeks: O 9 months 10 ½ months O 10 ½ months O 0ther (specify)									
Explanation of Action:									
Part III: Position/Budget Authoriza	ation		-						
Recommended by Supervisor/Departs	ment Head		Dat	e Approve	ed by Dean			Date	
Approved by Division Chair	0		Dat	1	ed by Vice Pre	Du los	II I	Date 1-19	
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date H-3-19 Budget Approval Date Approved by President Date									
B. DKociai		4	3/19	Approve	1	it 2.M.C.	ole 4.	Date	
Reg. 821 HR Requisition	Number A 19	000	8		7	7 11 11		May 29, 2014	