

Personnel Action Form
Human Resources

Banner ID # @	Last Name Murrile Hawkins, Lindsey	First	Middle Initial	Telephone
Address		City		State Zip
Part I: Check all that apply				
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 checked="" type="checkbox"/> Other (explain) Moving from part time to full time faculty.
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? <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 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
PROPOSED Division/Unit:			Job Vacancy No.: (if applicable)	
Allied Health			2110 F 044	
Job Title/Position:			Specialized Area:	
Instructor of Vocational Nursing			Vocational Nursing	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Yvonne Mascheck		Funded in which FY? FY22	
Budget Number: 1110-14184-6091-102			Position No. (NBAPOSN): LVN003	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 10 kn	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year	
Start Date: 08/22/22		<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 type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)				
Explanation of Action:				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head		Approved by Dean		
Carol Derkowski Digitally signed by Carol Derkowski Date: 2022.06.15 11:07:12 -05'00'		Donald S Smith Digitally signed by Donald S Smith Date: 2022.06.15 13:33:53 -05'00'		
Approved by Division Chair		Approved by Vice President		
Carol Derkowski Digitally signed by Carol Derkowski Date: 2022.06.15 11:07:31 -05'00'		Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2022.06.16 09:04:02 -05'00'		
Approved by Cabinet Level Supervisor		Reviewed by Human Resources		
		Rachel Dahman 06/16/22		
Budget Approval		Approved by President		
B. Kocian 06/16/2022		Barry A. McCracken 6-18-22		