

Personnel Action Form Human Resources

Banner ID #	Lust Name First Guerra Shayna				Middle Initial		Palankana	ian Resources
Address					City		State	Zin
Part 1: Check all that upply								
Classification: Administrative/Professional S Faculty Support Staff	☐ New Employee ☐ Extension ☐ Salary Adjustment			Other te	xplain)			
O Temporary Regular O Part-T	Separation (date:)							
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: Student Success						Job Vacancy No.: (if applicable) 1901 A 003		
Job Title/Position: TRIO SSS Advisor/Coordinator						Specialized Area: TRIO SSS Grant		
Budgeted Position?						Funded in which FY? FY23		
Budget Number: 21177-6055-6186-400						Position No. (NBAPOSN): GNC12T		
Compensation: s 60,073	O Annual Hourly Other (expl	ain)	- Contract	irade 01		Hourly Rate: (Part-time only) S N/A per hr x N/A hrs/wk x N/A wks = S N/A per year		
Start Date: 09/01/22	End Date: 08/31/23			O At-will-employee O Per contract		If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O Other (specify)								
PROPOSED Division Unit: Student Success						Job Vacancy No.: (if applicable) 1901 A 003		
Job Title/Position: TRIO SSS Advisor/Coordinator						Specialized Area: TRIO SSS Grant		
Budgeted Position?						Funded in which FY? FY24		
Budget Number: 21176-6055-6186-400						Position No. (NBAPOSN): GNC12T		
Compensation:	O Hourly						Hourly Rate: (Part-time only) 5. N/A per lir x N/A his/wk x N/A wks =	
s 60,073	Other (exp	Other (explain)		Step 10 At-will-en		S N/A per year If temporary, anticipated termination date:		on date:
09/01/23 Per contract 08/31/24								
Position is funded for the following number of months/weeks: O 9 months O 10 1/2 months O 12 months O Other (specify)								
Explanation of Action: Continuation of Grant								
Part III: Position/Budget Authorization								
Recommended by Super for Decemberal Head Date S/31 23 Lindsey McPherson								
Approved by Division Chair Date Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2023,09,06 17:27:02 -05'00'.								
Approved by Cabiner Level Supervisor Date Reviewed by Human Resources Date Date								
Budget Approval S.DKOCLON		09/	-	Date App	Proved by Presid	lent DMcl	Prope	9-6-23