

## **Personnel Action Form**

Example 1 22 17 11 11 11 11	and the second s			and the same of the same	Station States and	Hur	nan Resources
Last Name First Cavazos, Rachel				Middle Initial		Telephone	
Address				City		State	Zip
Part I: Check all that apply	7 3 7 7						
Classification: New Employee					(explain)		
Administrative/Professional Staff Faculty Support Staff		Extension Salary Adjustment		Change in title/assignment			
	Eull Time	Separation (date:)					
Part II: Assignment/Account All Administrative/Profession Support Staff employees are a	ating Number of months/weel aal and Faculty (Contract) and at-will employees.	cs below notes how Support Staff (Non-	the position is funda- -Contract) employe	ded; it does no	ot guarantee emp	loyment status for a WCJC Policies and	person. Procedures.
CURRENT Division/Unit: Administrative Services					Job Vacancy No.: (if applicable) 1602 S 004		
Job Title/Position: Financial Aid Quality Control Specialist					Specialized Area: Financial Aid		
Budgeted Position? • Yes • No					Funded in which FY? FY22		
Budget Number: 1110-13024-6101-501					Position No. (NBAPOSN): SPC023		
Compensation:	Annual	O Annual Sched P			Hourly Rate: (Part-time only)		
38,100	Hourly Other (explain)				$\frac{n/a}{n/a}$ per hr x $\frac{n/a}{n}$ hrs/wk x $\frac{n/a}{n}$ wks =		
tart Date: 4/21/08	End Date:		At-will-em	.	If temporary, as	nticipated termination	on date:
			pecify)		Job Vacancy N 2205 A 02	o.: (if applicable)	
Job Title/Position: Assistant Director of Financial Aid					Specialized Area: Financial Aid		
Budgeted Position? OYes ONo Name of Replaced Employee: Merry Sprague					Funded in which FY? FY22		
Budget Number: 1110-13024-6093-501					Position No. (NBAPOSN): ADR001		
Compensation: 62,069	Annual Hourly Other (explain)	Sched AA Grade 1 Step 9			Hourly Rate: (Part-time only) $ \begin{array}{ccccccccccccccccccccccccccccccccccc$		
tart Date: 07/05/22			At-will-employee Per contract		If temporary, anticipated termination date:		
	wing number of months/week months 12 months		ecify)				
xplanation of Action:							
art III: Position/Budget Au							
ecommended by Supervisor/				d by Dean		4 1, 4	Date
eslie Kolojaco.	Digitally signed by Leslie Kolojaco DN: cn=Leslie Kolojaco, o=WCJC, Date: 2022.06.20 13.03.04 -0500	ou=Financial Aid, email=kolojacol@wcjc.ed	du, c=US				
oproved by Division Chair				d by Vice Pre	sident	nela	Date
pproved by Cabinet Level Su	pervisor	, , D	ate Reviewe	d by Human F	Resources	047	HLOLL ,
B Hacian udget Approval	***************************************	06/21/20	22	achi	( D	horses	De/21/2
B. PKocic	U	1. 1.	Approve	Bille	a.m.	luho	6-21-20
eg. 821 HR Requi	sition Number A 2206	0029		1		Revised M	lay 29, 2014