

Personnel Action Form
 Human Resources

Banner ID # _____ @ _____	Last Name Rhodes, Sheryl	First	Middle Initial	Telephone
Address _____		City _____		State _____ Zip _____

Part I: Check all that apply

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Change in title/assignment
<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time		

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: Administration Job Vacancy No.: (if applicable) 2204 S 022

Job Title/Position: Executive Administrative Assistant Specialized Area: Administration

Budgeted Position? Yes No Funded in which FY? FY23

Budget Number: 1110-110-6101-6001 Position No. (NBAPOSN): AD102T

Compensation: \$ 43,950	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched P _____ Grade 15 Step 28	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
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Start Date: 11/01/22 End Date: n/a At-will-employee Per contract If temporary, anticipated termination date: 12/31/22

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: Administration Job Vacancy No.: (if applicable) 2208 A 034

Job Title/Position: Executive Assistant to the President Specialized Area: Administration

Budgeted Position? Yes No Name of Replaced Employee: Deanna Feyen Funded in which FY? FY23

Budget Number: 1110-110-6093-6001 Position No. (NBAPOSN): AD1001

Compensation: \$ 47,859	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched A _____ Grade 10 Step 10	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
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Start Date: 01/18/23 At-will-employee Per contract If temporary, anticipated termination date: n/a

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head _____	Date _____	Approved by Dean _____	Date _____
Approved by Division Chair _____	Date _____	Approved by Vice President _____	Date _____
Approved by Cabinet Level Supervisor _____	Date _____	Reviewed by Human Resources _____	Date 12/18/22
Budget Approval _____	Date 12/08/2022	Approved by President _____	Date 12-9-22