

Personnel Action Form

							Human Resources	
Banner ID #	Last Name Goins, Natas		rirst	and the contract of the second	Middle Initia	al	Telephone	
Address City							State Zip	
Part I: Check all that annly								
Classification: Administrative/Profession	☐ Ncw Employee ☐ Extension			Other (explain) Completed 6 additional graduate hours				
Faculty Stoff								
Support Staff Temporary F				ior a tota	a total of 24 hours.			
	ull-Time	Separation	on (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:						Jol Vacanc	y No.: (if applicable)	
Job Title/Position: Instructor of Associate Degree Nursing						Spicialized As ociate	Area: Degree Nursing	
Budgeted Position? Yes No						Fu ded in v	which FY? FY21	
Budget Number: 1610-14181-6091-102						Po ition No	o. (NBAPOSN): ADNO09	
Compensation: Sched FAC						Hourly Rate	e: (Part-time only)	
Š						\$ n/a per hr x n/a hrs/wk x n/a wks =		
s 64,050	tain)	Step -		- 1	s rya p			
Start Date: 08/20/12					At-will-employee Per contract		t mporary, anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify)								
						Job Vacano	y No.: (if applicable)	
						Specialized Associate	Area: e Degree Nursing	
Budgeted Position? •Yes No Name of Replaced Employee: n/a							which FY? FY22	
Budget Number: 1610-14181-6091-102						Pos tion No	o. (NBAPOSN): ADNO09	
Compensation:						Horly Rate: (Part-time only)		
s 64,550	64,550 Other (explain) Grade 3 / 34 Step 3 / 34					\$ nla per hr x n/a hrs/wk x n/a wks = \$ n/a per year		
Start Date: 08/23/21				At-will-er		If temporar	y, anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify)								
Explanation of Action:								
Part W. Position/Badget Au	thorization							
Recommended by Supervisor/Department Head Date Approved by Dean						1	Date 9/11/21	
Approved by Division Chair			Da		ved by Vice Pre		Date Digitally signed by Leigh Ann Collins	
Approved by Cabinet Level Su	pervisor		Da Da	40 121	wed by Human I		Date: 2021, 10.01 14.50:27 05:00 Date	
Buttiget Approvat		100	4/20	ate Appro	ved by Presiden	02	Molerate 10.8.21	
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