



Personnel Action Form

Human Resources

Banner ID #	Last Name McKenzie, Amber	First	Middle Initial	Telephone
Address		City		State Zip

Part I: Check all that apply

Classification:	<input checked="" type="checkbox"/> New Employee	<input type="checkbox"/> Other (explain)
<input type="radio"/> Administrative/Professional Staff	<input type="checkbox"/> Extension	
<input type="radio"/> Faculty	<input type="checkbox"/> Salary Adjustment	
<input type="radio"/> Support Staff	<input type="checkbox"/> Separation (date: _____)	
<input type="radio"/> Temporary	<input checked="" type="radio"/> Full-Time	
<input checked="" type="radio"/> Regular	<input checked="" 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:	Job Vacancy No.: (if applicable)
Job Title/Position:	Specialized Area:
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY?
Budget Number:	Position No. (NBAPOSN):
Compensation:	Hourly Rate: (Part-time only)
<input checked="" type="radio"/> Annual	\$ _____ per hr x _____ hrs/wk x _____ wks =
<input type="radio"/> Hourly	\$ _____ per year
<input type="radio"/> Other (explain)	
Sched _____	
Grade _____	
Step _____	
Start Date:	End Date:
<input checked="" type="radio"/> At-will-employee	If temporary, anticipated termination date:
<input type="radio"/> Per contract	

Position is funded for the following number of months/weeks:
☒ 9 months ☐ 10 ½ months ☐ 12 months ☐ Other (specify)

PROPOSED Division/Unit:	Job Vacancy No.: (if applicable)
Allied Health	1603 F 012
Job Title/Position:	Specialized Area:
Instructor for Associate Degree Nursing	Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY16
Name of Replaced Employee: Amy Pendergraft	
Budget Number: 1110.14181.6091.102	Position No. (NBAPOSN): ADN003
Compensation:	Hourly Rate: (Part-time only)
<input checked="" type="radio"/> Annual	\$ N/A per hr x _____ hrs/wk x _____ wks =
<input type="radio"/> Hourly	\$ _____ per year
<input type="radio"/> Other (explain)	
Sched FAC	
Grade 2A	
Step 21	
Start Date: 08/22/16	End Date:
<input checked="" type="radio"/> At-will-employee	If temporary, anticipated termination date:
<input checked="" type="radio"/> Per contract	N/A

Position is funded for the following number of months/weeks:
☒ 9 months ☐ 10 ½ months ☐ 12 months ☐ Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date	Approved by Dean	Date
Deborah Yancey			
Approved by Division Chair	Date	Approved by Vice President	Date
	5-25-16		6-1-16
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
			6-7-16
Budget Approval	Date	Approved by President	Date
B. Pendergraft	6/7/16		6-7-16