

Personnel Action Form

				and the street of	Human Resources	
Banner ID #	Last Name Falco, Robert K	First	Middle In	nitial	Telephone	
Address			City		State Zip	
Part I: Check all that apply						
Classification: New Employee Administrative/Professional Staff			Other (explain)			
Faculty Support Staff	L Extensi	Salary Adjustment Cha		inge in Title/Assignment		
Temporary Regular Part-Time Separation (c)			
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 1	No.: (if applicable)	
Technology				1708 S 073		
Job Title/Position: IT Help Desk/Training Coordinator				Specialized Area: Help Desk/Training Services		
Budgeted Position? • Yes • No				Funded in which FY? FY23		
Budget Number: 1110-13033-6101-6081				Position No. (NBAPOSN): PCR004		
Compensation:	O Annual	Sched P	-		(Part-time only)	
\$ 37,125	Other (explain)	Grade 15 Step 7				
Start Date: 09/30/13	End Date:	8	At-will-employee Per contract	If temporary, a	anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)						
PROPOSED Division/Unit: Technology				Job Vacancy No.: (if applicable) 2210 A 043		
Job Title/Position: Help Desk Manager				Specialized Area: Technology		
Budgeted Position? • Yes No Name of Replaced Employee: n/a				Funded in which FY? FY23		
Budget Number: 1110-13033-6093-6081 Position No. (NBAPOSN): PCR004					NBAPOSN): PCR004	
Compensation:	Annual	Sched A		Hourly Rate: (Part-time only)	
s 46,525	Other (explain)	Grade 8 Step 10		\$ n/a per h \$ n/a per	r x <u>n/a</u> hrs/wk x <u>n/a</u> wks =	
Start Date: 10/19/22	Other (explain)	Step O	At-will-employee Per contract		nticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)						
Explanation of Action:						
Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Approved by Dean Date Date						
Scott Towsley Digitally signed by Scott Towsley Date: 2022.12.06 16:36:08 -06'00'						
			Approved by Vice President Date Ografity signed by Amanda Aften			
Approved by Cabinet Level Supervisor	Amanda Allen Digitally signed by Amanda Allen Div Continuous and Allen on the Continuous and IE. email: allena@wcjc. edu. CetUS Date Date					
Budget Approval Date Approved by President					Date	
15.10 hocia	Date Approval Approved by President Date Date Date Approved by Millian 12-9-22					