



## **Personnel Action Form**

Human Resources

Banner ID # Last Name Topal, Hanife			First			Middle Initial		Telephone		
Address					****	City		State	State Zip	
Part I. Cheek all that apply										
Part I: Check all that apply  Classification:   New Employee   Other (explain)										
O Administrative/Pr	Extension			- Other (d	хріані					
Faculty	Salary Adjustment									
Support Staff Temporary  • Full-Time			=							
Regular Part-Time			Separation (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:							Job Vacancy No.: (if applicable)			
Job Title/Position:							Specialized Area:			
Budgeted Position? O Yes O No							Funded in which FY?			
Budget Number:							Position No. (NBAPOSN):			
Compensation: Annual			Sched				Hourly Rate: (Part-time only)			
s	Hourly		Grade				\$per hr x \$per year	per hr x hrs/wk x wks =		
	Other (expi			lain) Step OAt-will						
Start Date:	art Date: End Date:					act	If temporary, anticipated termination date:		date:	
Position is funded for the following number of months/weeks:										
O 9 months O 10 1/2 months O Other (specify)										
PROPOSED Division/Unit: Social and Behavioral Science Division							Job Vacancy No.: (if applicable) 1810 F 062			
Job Title/Position: Instructor of Economics							Specialized Area: Economics			
Budgeted Position?							Funded in which FY? FY19			
Budget Number: 1110-14802-6091-100 Position No. (NBAPOSN): ECO001										
Compensation:			Sched FAC			Hourly Rate: (Part-time only)				
. 55 050	O Hourly		Grade 7							
s 55,050		Other (exp	lain)	Step 7	·		§ n/a per year			
Start Date: 08/19	At-will-er Per contra				If temporary, anticipated termination date: n/a					
Position is funded for the following number of months/weeks:  9 months 0 10 ½ months 0 12 months 0 Other (specify)										
Explanation of Action:										
Part III. Pasition/Pard	ant Authori	ration		OMER THE PROPERTY OF THE PARTY	CONTRACTOR OF THE PERSON NAMED IN					
Part III: Position/Bud	Marine Ma	THE RESIDENCE OF THE PERSON OF		Da	te Appro	ved by Dean			Date	
Recommended by Supervisor/Department Head Date Approved by Dean Date  Elizabeth Rexford On Confession Restord 1983 out-00VT, employing code, cold. CPUS Ones, 2018-03-25 Ones, 2										
Approved by Division Chair Date Approved by Vice President Date										
Amanda Shelton Digitally signed by Amanda Shelton Date: 2019.03.25 09:46:48 -05'00'										
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date										
Budget Approval		2		ala Pa	1	ve by Presid	91	/ 0	Date	
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Reg. 821 HR	Requisitio	n Number	7030	OLLO		Vice	RECEIVED	Kevised N	1ay 29, 2014	

Vice President of Instruction