

Personnel Action Form
Human Resources

Banner ID #	Last Name HANN, TAMMY L	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 checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<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: ALLIED HEALTH		Job Vacancy No.: (if applicable) 1207-F-064
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING		Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No		Funded in which FY? FY18
Budget Number: 1110.14181.6091.102		Position No. (NBAPOSN): ADN011
Compensation: \$ 59,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-22-2017	End Date:	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract

Position is funded for the following number of months/weeks:

☒ 9 months ☐ 10 1/2 months ☐ 12 months ☐ Other (specify)

PROPOSED Division/Unit: ALLIED HEALTH		Job Vacancy No.: (if applicable) 1207-F-64
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING		Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: NA	Funded in which FY? FY19
Budget Number: 1110.14181.6091.102		Position No. (NBAPOSN): ADN011
Compensation: \$ 60,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-20-2018	End Date:	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract

Position is funded for the following number of months/weeks:

☒ 9 months ☐ 10 1/2 months ☐ 12 months ☐ Other (specify)

Explanation of Action:

ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN	Date	Approved by Dean	Date
Approved by Division Chair Carol Derkowski	Date	Approved by Vice President Leigh Ann Collins	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>Judy J. Jones</i>	Date 08/06/18
Budget Approval <i>B. Derkowski</i>	Date 8/4/18	Approved by President <i>Betty A. Williams</i>	Date 8-10-18