



**Personnel Action Form**

Human Resources

Banner ID # @	Last Name Biezugbe, Toni	First Toni	Middle Initial	Telephone
Address		City		State Zip

**Part I: Check all that apply**

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input checked="" 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 checked="" type="checkbox"/> Other (explain) Salary adjustment per BOT approval 10/15/24.
<input type="radio"/> Full-Time <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.

<b>CURRENT</b> Division/Unit: Vocational Instruction/Allied Health		Job Vacancy No.: (if applicable) 2212 F 074	
Job Title/Position: Instructor of Associate Degree Nursing		Specialized Area: Associate Degree Nursing	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No		Funded in which FY? 25	
Budget Number: 1610-14181-6091-102		Position No. (NBAPOSN): ADN009	
Compensation: \$ 59,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 21	Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = \$ N/A per year
Start Date: 08/21/23	End Date: N/A	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: N/A
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)			

<b>PROPOSED</b> Division/Unit: Vocational Instruction/Allied Health		Job Vacancy No.: (if applicable) 2212 F 074	
Job Title/Position: Instructor of Associate Degree Nursing		Specialized Area: Associate Degree Nursing	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a	Funded in which FY? 25	
Budget Number: 1610-14181-6091-102		Position No. (NBAPOSN): ADN009	
Compensation: \$ 64,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 31	Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = \$ N/A per year
Start Date: 11/01/24		<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: N/A
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)			

Explanation of Action:  
Salary Increase

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Sandra Davis</b> Digitally signed by Sandra Davis Date: 2024.10.18 09:21:09 -05'00'	Date	Approved by Dean	Date
Approved by Division Chair <b>Carol Derkowski</b> Digitally signed by Carol Derkowski Date: 2024.10.18 10:36:57 -05'00'	Date	Approved by Vice President <b>Leigh Ann Collins</b> Digitally signed by Leigh Ann Collins Date: 2024.10.21 09:58:57 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>Leigh Ann Collins</i> 10/24/24	Date
Budget Approval <i>Betty A. McCracken</i>	Date	Approved by President <i>Betty A. McCracken</i> 10/23/24	Date