

Personnel Action Form

Human Resources Banner ID# Last Name First Middle Initial Telephone Reyes, Eric Address City State Zip Part I: Check all that apply Classification: ✓ New Employee Other (explain) Administrative/Professional Staff ■ Extension Faculty
Support Staff Salary Adjustment Temporary Full-Time Separation (date:_ Regular 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? O Yes O No Funded in which FY? Budget Number: Position No. (NBAPOSN): Compensation: Annual Sched Hourly Rate: (Part-time only) Hourly Grade per hr x ___ hrs/wk x \$ Other (explain) Step Start Date: At-will-employee If temporary, anticipated termination date: Per contract Position is funded for the following number of months/weeks: O 9 months O 10 % months O 12 months O Other (specify) PROPOSED Division/Unit: Job Vacancy No.: (if applicable) Communications and Fine Arts 1802 F 010 Job Title/Position: Specialized Area: Instructor of English English Funded in which FY? FY18 Budget Number: Position No. (NBAPOSN): ENG012 1110-14503-6091-100 50%, 1210-14503-6091-100 50% Compensation: Annual Sched Hourly Rate: (Part-time only) \$ <u>n/a</u> _ per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = Hourly Grade s 47,550 Other (explain) \$ n/a Step __ per year Start Date: At-will-employee If temporary, anticipated termination date: 08/20/2018 Per contract Position is funded for the following number of months/weeks: Explanation of Action: Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Approved by Dean Date Approved by Division Chair Date Approved by Vice President Date Patrick Ralls Approved by Cabinet Level Supervisor Date **Budget Approval** Date

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