

Personnel Action Form
Human Resources

Banner ID # @	Last Name Myers	First Traci	Middle Initial L	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 type="radio"/> Regular	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input checked="" type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
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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: Instruction/Senior Citizens	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Senior Citizens' Program	Specialized Area: Senior Citizens
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY 2025
Budget Number: See Attachment	Position No. (NBAPOSN): GND01T
Compensation: \$ 64,075	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched GNT Grade 1 Step 11	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 09-01-2024	End Date: N/A
<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: 08-31-2025

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

☐ 9 months ☐ 10 ½ months ☒ 12 months ☐ Other (specify)

PROPOSED Division/Unit: Instruction/Senior Citizens	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Senior Citizens' Program	Specialized Area: Senior Citizens
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: N/A
Budget Number: See Attachment	Funded in which FY? FY 2026
Compensation: \$ 66,076	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched GNT Grade 1 Step 12	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 09-01-2025	End Date: N/A
<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: 08-31-2026

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

☐ 9 months ☐ 10 ½ months ☒ 12 months ☐ Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Traci Myers Digitally signed by Traci Myers Date: 2025.08.19 08:58:49 -05'00'	Date	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.08.28 14:03:22 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval 30K	Date	Approved by President JmendeAllen 09/04/25	Date