

Personnel Action Form

	 -						Human Resources	
Banner ID #	Last Name First REUTTER, CORRINE M				Middle Initial		Telephone	
Address					City		State Zip	
Part I: Check all that apply								
Classification: New Employee O Administrative/Professional Staff					Other (explain)			
Faculty	Extension							
Support Staff Temporary Full-T	✓ Salary Adjustment ☐ Separation (date:)							
Regular Part-T								
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)								
ALLIED HEALTH						1005-F-024		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING						Specialized Area: NURSING		
Budgeted Position? • Yes • No						Funded in which FY? FY18		
Budget Number: 1110.14181.6091.102						Position No. (?	NBAPOSN): ADNO12	
Compensation:	Annual	Sched FAC			Hourly Rate: (Part-time only)			
s 61,550	O Hourly Other (expla	Grade 1 Step 34			\$ NA per hr x NA hrs/wk x NA wks = \$ NA per year			
Start Date: 08-22-2017	End Date:		I preb		t-will-employee	If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks:								
9 months								
PROPOSED Division/Unit: ALLIED HEALTH						Job Vacancy No.: (if applicable) 1005-F-024		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING						Specialized Ar NURSING	ea:	
Budgeted Position? • Yes • No Name of Replaced Employee: NA						Funded in which		
Budget Number: ### .14181.6091.102						Position No. (N	NBAPOSN): ADN012	
Compensation	Annual Sched FAC			AC		Hourly Rate: (Part-time only)		
s 62,050	Hourly	Grade 1 Sten 35		\$ NA per hr x NA hrs/wk x NA wks = \$ NA per year				
Start Date:	Other (expla	iin)	Step 3		t-will-employee		<u></u>	
08-20-2018						ii temporary, a	nticipated termination date:	
Position is funded for the following number of months/weeks: 9 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 Date Approved by Dean							Date	
Andrea Shropshire, DNP, MSN, RN On the Anthrop Shropshire, Dev. MSI, Rev. MS								
Citation about the Court Designation					Approved by Vice President Date			
Carol Derkowski Die grand Darinski driffert, nandand Houser Grand Hypoth, ordanical and Carol Derkowski					Leigh Ann collins District of the Collins District of the Collins			
Approved by Cabinet Level Supervisor	PT .		Dat	te	Reviewed by Huma	Acadarges -	08 010 18	
					Approved by President (Date Some A. Welcold 8-10-18			
13/10Kocian		{	3/4/18	<u> </u>	Som.	D. M.C.	A) 8-10-18	