

Personnel Action Form

Human Resources

Banner ID # @	Last Name Shropshire, Andrea	First Andrea	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 type="checkbox"/> Other (explain)
<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.

CURRENT Division/Unit: Allied Health / Vocational Instruction	Job Vacancy No.: (if applicable) n/a
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? FY24
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADN010
Compensation: \$ 82,306 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 7 Step 34
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 type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: Allied Health / Vocational Instruction	Job Vacancy No.: (if applicable) n/a
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? FY24/25	Position No. (NBAPOSN): ADN010
Budget Number: 1110-14181-6091-102	
Compensation: \$ 82,889 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 7 Step 35
Start Date: 08/19/24 End Date: _____	<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 type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:
Adjustment for longevity as agreed upon during the January 2015 BOT meeting.

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Date _____	Approved by Dean Date _____
Approved by Division Chair Carol Derkowski Digitally signed by Carol Derkowski Date: 2024.08.12 12:54:21 -05'00'	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2024.08.06 08:41:11 -05'00'
Approved by Cabinet Level Supervisor Date _____	Reviewed by Human Resources Date _____
Budget Approval 130K Betty A. McCrehan Date _____	Approved by President Date _____