

## **Personnel Action Form**

Human Resources

| Panner ID#  | Last Name<br>Flanagin     | First<br>Jimmie | Middle I                              | nitial Telephone   |
|---|---------------------------|-----------------|---------------------------------------|--|
| Address   | <u> </u>                  | · ·             | City                                  | State Zip  |
| Part I: Check all that apply  |                           |                 |                                       |  |
| Classification: Administrative/Professional Faculty Support Staff Temporary Regular Part-T  | Salary                    |                 | )                                     | (explain)  |
| 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 Hourly             | Sched           |                                       | Hourly Rate: (Part-time only)  \$ per hr x hrs/wk x wks =  \$ per year |
| Start Date:   | Other (explain) End Date: | Step            | At-will-employee                      | If temporary, anticipated termination date:                            |
| Position is funded for the following number of months/weeks:  9 months 10 ½ months 12 months Other (specify)  |                           |                 |                                       |  |
| PROPOSED Division/Unit: Student Services  |                           |                 |                                       | Job Vacancy No.: (if applicable) 1611 A 023                            |
| Job Title/Position:<br>Coordinator of Disability Services   |                           |                 |                                       | Specialized Area: Disability Services                                  |
| Budgeted Position?  |                           |                 | oung/                                 | Funded in which FY? FY17   |
| Budget Number: 1110-14101-6093-503 Position No. (NBAPOSN): CRD011   |                           |                 |                                       |  |
| Compensation:<br>\$ 60,735  | O 735 O Hourly Grade 1    |                 |                                       | Hourly Rate: (Part-time only)  \$ n/a                                  |
| Start Date: 05/17/2017  |                           | Step 1          | At-will-employee Per contract         | If temporary, anticipated termination date:                            |
| Position is funded for the following number of months/weeks:  9 months  10 ½ months  10 ½ months  Other (specify)   |                           |                 |                                       |  |
| 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  Date  |                           |                 |                                       |  |
| Approved by Calvinet Level Supervisor  Date  Reviewed by Human Resources  Date  Budget Approval   |                           |                 |                                       |  |
| BAKOCIA   |                           | 4/21/1          | Approved by Preside                   | htt// Date   |
| Reg. 821 HR Requisition N   | umber 🔛                   |                 | · · · · · · · · · · · · · · · · · · · | Revised May 29, 2014   |