

Personnel Action Form

Human Resources

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|------------------|---------------------------------|-------------|----------------|-----------|
| Banner ID # @ | Last Name LINDSEY, SHAWNA G. | First G. | Middle Initial | Telephone |
| Address | | City | | State Zip |

Part I: Check all that apply

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|---|---|--|
| Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Full-Time <input checked="" type="radio"/> Regular <input type="radio"/> Part-Time | <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) |
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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.

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| CURRENT Division/Unit: Allied Health | Job Vacancy No.: (if applicable) 1410-F-059 |
| Job Title/Position: Instructor of Associate Degree Nursing | Specialized Area: Nursing |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No | Funded in which FY? FY17 |
| Budget Number: 1110.14181.6091.102 | Position No. (NBAPOSN): ADN007 |
| Compensation: \$ 55,550 | <input checked="" type="radio"/> Annual Sched <u>FAC</u> <input type="radio"/> Hourly Grade <u>2</u> <input type="radio"/> Other (explain) Step <u>21</u> |
| Start Date: 08-22-2016 | End Date: NA |
| <input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract | Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year |
| Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify) | |
| If temporary, anticipated termination date: NA | |

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| PROPOSED Division/Unit: ALLIED HEALTH | Job Vacancy No.: (if applicable) 1410-F-059 |
| Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING | Specialized Area: NURSING |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No | Name of Replaced Employee: NA |
| Funded in which FY? FY18 | Position No. (NBAPOSN): ADN007 |
| Budget Number: 1110.14181.6091.102 | Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year |
| Compensation: \$ 56,050 | <input checked="" type="radio"/> Annual Sched <u>FAC</u> <input type="radio"/> Hourly Grade <u>2</u> <input type="radio"/> Other (explain) Step <u>22</u> |
| Start Date: 08-21-2017 | End Date: <input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract |
| Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify) | |
| If temporary, anticipated termination date: | |

Explanation of Action:
ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015

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| Part III: Position/Budget Authorization | | | |
| Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN, on 2017.07.19 08:38:47 -0500</small> | Date 7/31/17 | Approved by Dean Megan Costanza <small>Digitally signed by Megan Costanza, DNP, MSN, RN, on 2017.07.19 13:28:38 -0500</small> | Date 7-29-17 |
| Approved by Division Chair Carol J. Derkowski <small>Digitally signed by Carol J. Derkowski, on 2017.07.19 13:28:38 -0500</small> | Date 7-31-17 | Approved by Vice President <small>[Signature]</small> | Date 7-31-17 |
| Approved by Cabinet Level Supervisor <small>[Signature]</small> | Date 7-31-17 | Reviewed by Human Resources <small>[Signature]</small> | Date 7-31-17 |
| Budget Approval <small>[Signature]</small> | Date 7/31/17 | Approved by President Betty A. Melchior <small>[Signature]</small> | Date 7-31-17 |