

## Personnel Action Form

Banner ID #		First	Middle Initial	Telephone Telephone	
@ Address	Sawyer, Anna	City		State Zip	
Part I: Check all that apply					
Classification: New Employee			Other (explain)	·	
Administrative/Professional S Faculty	L Extension	Extension Char		ge in contract length from 10.5	
Support Staff Temporary Full-Ti		I I Salary Adulisiment		to 9 month	
Regular 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: Instruction/Allied Health			Job Vaca 2202 F	ancy No.: (if applicable)	
Job Title/Position: Instructor of Associate Degree Nursing				zed Area: ate Degree Nursing	
Budgeted Position? • Yes • No				in which FY? FY24/25	
Budget Number: 1110-14181-6091-102				No. (NBAPOSN): ADNO08	
Compensation:	Annual	Sched FAC	1 -	Rate: (Part-time only)	
\$ 67,139	O Hourly Other (explain)			\$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year	
Start Date: 08/22/22	End Date:	At-will-		rary, 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: Instructor of Associate Degree Nursing				ancy No.: (if applicable) = 023	
Job Title/Position: Instructor of Associate Degree Nursing				zed Area: ate Degree Nursing	
Budgeted Position?  Yes No Name of Replaced Employee: Shazia Usman				in which FY? FY24/25	
Budget Number: 1110-14181-6091-102				No. (NBAPOSN): ADNO12	
Compensation:	Annual			Rate: (Part-time only)	
\$ 57,550	Other (explain)	Hourly Grade 1 Other (explain) Step 21		_per hr x _n/a hrs/wk x _n/a wks =per year	
Start Date: 08/19/24	Comor (explain)	At-will-	-employee If tempo	orary, anticipated termination date:	
Position is funded for the following number of months/weeks:					
© 9 months © 10½ months © 12 months © Other (specify)  Explanation of Action:					
Part III: Position/Budget Authorization  Recommended by Supervisor/Department Head Date Approved by Dean Date					
Sandra Davis Digitally signed by Sandra Davis Date: 2024.07.30 16:48:01 -05'00'					
Approved by Division Chair  Date  Approved by Vice President  Date  Digitally signed by Carol Derkowski  Digitally signed by Carol Derkowski  Digitally signed by Leigh Ann Collins					
Carol Derkowski Date: 2024.07.31 17:02:43 -05'00' Leight Affin Comms Date: 2024.07.26 13:14:45 -05'00'					
Approved by Cabinet Level Supervis	( Surpe & Dahmen) 8/5/24				
Budget Approval  Bok Both Me Craftis.  Date Approved by President  Date Approved by President  Both Meluke & I-24  Reg. 821 HR Reduisition Number   2407 0033  Revised May 29, 2014					
Reg 821 HR Requisition	Number F 2407 0	033	The state of the s	Revised May 29 2014	