

## **Personnel Action Form**

								Hun	nan Resources	
Banner ID #	Last Name Lynn, Barbara		First			Middle Ini	tial	Telephone	301 123	
Address					Ci	ty		State	Zip	
Part I: Check all that apply										
Classification:	New Employee				Other (e.	(explain)				
Administrative/Professional Faculty	☐ Extension Re				Retiren	etirement (Barbara will remain on as				
Support Staff	Salary Adjustment				part time faculty effective 08/01/22)					
Temporary Full-T	Separation (date: 08/30/22)				<b>P</b>		E 11 CP 40 E 1	<b></b>		
Part II: Assignment/Accounting N	lumber of months/w	eks below n	otes how the	positi	on is funde	d; it does no	ot guarantee emp	loyment status for a	person.	
All Administrative/Professional and	Faculty (Contract) a	nd Support S	Staff (Non-Co	ntract)	) employee	s are emplo	yed according to	WCJC Policies and	Procedures.	
Support Staff employees are at-will of	employees.									
CURRENT Division/Unit: Vocational Instruction-Technology & Business						Job Vacancy No.: (if applicable)				
Job Title/Position: Instructor of Education/Early Childhood Development							Specialized Area: Education/Early Childhood			
Budgeted Position? • Yes • No							Funded in which FY? FY22			
Budget Number: 1110-14707-6091-102							Position No. (NBAPOSN): ELCO01			
Compensation:	Annual Sched FAC						Hourly Rate: (Part-time only)			
s 68,890	Hourly	Grade 2					\$ n/a per hr x n/a hrs/wk x n/a wks =			
\$ 00,090	Other (expla	in)	Step 25	_			\$ <u>n/a</u> per	year		
Start Date: 08/23/04	End Date: 06/30/22 (from FT only)				At-will-emp er contract	loyee	If temporary, anticipated termination date:			
Position is funded for the following of 9 months 10 ½ mo	number of months/w		Other (spec	ify)						
PROPOSED Division/Unit:							Job Vacancy No.: (if applicable)			
Job Title/Position:							Specialized Area:			
Budgeted Position? OYes ONo Name of Replaced Employee:						_	Funded in which FY?			
Budget Number:							Position No. (NBAPOSN):			
Compensation: Annual Sched						1/40	Hourly Rate: (Part-time only)			
	Grade				\$ per hr x hrs/wk x wks =					
\$	O Hourly Other (expla	in)	Step				\$ per	уеаг		
Start Date:	,	■ At-will-employ ■ Per contract				If temporary, anticipated termination date:				
Position is funded for the following		_								
9 months 10 10 1/2 mor	ths O 12 mon	ths Q	Other (speci	fy)		2-			01 - 1005	
Only on WH campus										
Part III: Position/Budget Authoriz Recommended by Supervisor/Depar		-	Date		Approve	l by Dean			Date	
David Kucera  Open State Control of Control Co			"		l	nald S Smith  Digitally signed by Donald S Smith Date: 2021.12.01 13:11:36 -06'00'				
Approved by Division Chair Date					Approved by Vice President Date					
David Kucera  David Kucera  On enther thomas unfortune Country ander College, and C					Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2022.03.10 13:55:16 -06'00'					
Approved by Cabinet Level Supervisor Date					Reviewed by Human Resources Date					
				(	9m	rel	Then	un %	24/22	
Budget Approval		/	Date		pprove	by Preside		1 5	Date	
13.18Tocian		03/.	23/262	2	10	dyl	1.Me	West 3.1	14.22	
Reg. 821 HR Requisition	Number F 21	11 005	53					Revised l	May 29, 2014	