

Personnel Action Form

	41							Hun	nan Resources	
Banner ID #	Last Name First SHROPSHIRE, ANDREA M				Middle Initial		Telenhone			
Address					City		State	Zip		
Part I: Check all that apply										
Classification: New Employee O Administrative/Professional Staff					☐Other (explain)					
Faculty	Extension									
Support Staff	✓ Salary Adjustment									
Temporary Regular Full-Time Part-Time Separation (date:)										
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							Job Vacancy No.: (if applicable) 1312-F-096			
Job Title/Position: DEPARTMENT HEAD							Specialized Area: NURSING			
Budgeted Position? • Yes • No							Funded in which FY? FY18			
Budget Number: 1110.14181.6091.102							Position No. (NBAPOSN): ADNO05			
Compensation:	Annual Sched			FAC	<u> </u>		Hourly Rate: (Part-time only)			
				irade <u>7</u>			\$ NA per hr x NA hrs/wk x NA wks			
3 00,401	ain) Step 26					\$ NA per year				
Start Date: 08-22-2017	End Date:			At-will-em Per contrac			If temporary, anticipated termination date:		on date:	
Position is funded for the following number of months/weeks:										
O 9 months O 10 ½ months O 12 months O Other (specify)										
PROPOSED Division/Unit: ALLIED HEALTH							Job Vacancy No.: (if applicable) 1312-F-096			
Job Title/Position: DEPARTMENT HEAD						Specialized Area: NURSING				
Budgeted Position?							Funded in which FY? FY19			
Budget Number: 1110.14181.6091.102							Position No. (NBAPOSN): ADNO05			
Compensation:	ompensation: O Annual Sched FAC						Hourly Rate: (1			
. 96 069	Grade 7						r hr x <u>NA</u> hrs/wk x <u>NA</u> wks =			
s 86, 068	Other (explain	n)	Step	27			\$ NA per	year		
					At-will-employee If temporary, Per contract			nticipated termination	on date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)										
Explanation of Action: ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015										
Part III: Position/Budget Authorization										
Recommended by Supervisor/Department Head Date Approved by Dean									Date	
Andrea Shropshire, DNP, MSN, RN Description and the processing of the Confedence Complete Confedence Complete Confedence Complete Confedence Complete Confedence Complete Confedence Complete Confedence Confeden										
Approved by Division Chair Date					Approved by Vice President Date					
Carol Derkowski Control (Carol Control					Leigh Ann collins October 100 Light Am other of the Colling Collins October 100 Light Am other of the Collins o					
Approved by Cabinet Level Supervisor Date					Reviewed by Human Resources Date					
Rudget Approval						Appropriate Double Desirable				
					Approve	Approved by President // Date Detty a Moleche 8-10-18				
1370VOCIA		O	16/18	5		Julio	L. Mal	rele 8-	10-18	

Reg. 821

HR Requisition Number F 1808 0053

Revised May 29, 2014