

Personnel Action Form

					Hur	nan Resources
Banner ID #	Last Name Perez, Marybelle	First		Middle Ini	tial Telephone	
Address			C	ity	State	Zip
Part 1: Check all that apply						
Classification: Administrative/Professional Staff Faculty Support Staff Salary Adjustment				Other (explain)		
Temporary Full-T Part-T		ation (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:					Job Vacancy No.: (if applicable)	
COUNTE DIVISION/ORIE					300 Vacancy (10 (II applicable)	
Job Title/Position:					Specialized Area:	
Budgeted Position? O Yes O No				Funded in which FY?		
Budget Number:				Position No. (NBAPOSN):		
Compensation:	O Annual	Sched _			Hourly Rate: (Part-time only)	
\$	Other (explain) Grade Step				\$per hr xhrs/wk xwks = \$per year	
Start Date:	End Date:	30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	At-will-em	ployee	If temporary, anticipated termination	on date:
Position is funded for the following number of months/weeks:						
9 months 10 1/2 months 12 months O Other (specify)						
PROPOSED Division/Unit: Administration					Job Vacancy No.: (if applicable) 1801 A 001	
Job Title/Position: Director of Grant Writing & Compliance				Specialized Area: Administration		
Budgeted Position? • Yes • No Name of Replaced Employee: Marybelle Perez				Funded in which FY? FY18		
Budget Number: 1110-1306-6093-6082					Position No. (NBAPOSN): DIR028	
Compensation:	Annual Sched CA				Hourly Rate: (Part-time only)	
s 78,068	Other (symbol)	Grade 1	No. of the contract of the con		\$ <u>N/A</u> per hr x hrs/wk x wks = \$ per year	
Start Date:	Other (explain)	Step 1	At-will-em	ployee	If temporary, anticipated termination	on date:
03/28/18			Per contrac		N/A	on date.
Position is funded for the following number of months/weeks: O 9 months 10 1/2 months 12 months O Other (specify)						
Explanation of Action:						
Part III: Position/Budget Authorization						
Recommended by Supervisor/Department Head Date Approved by				d by Dean		Date
Approved by Division Chair Approved by Division Chair Approved by Division Chair						
Approved by Division Chair Date Ap				d by Vice Pr	esident	Date
Approved by Cabinet Level Supervisor Date				Reviewed by Human Resources Date		
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Betty a mclike 3-20.18 Budget Approval Boxcia 3/21/18				Approved by President Date		
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HR Requisition Number A 1803 0005

Revised May 29, 2014