

**Personnel Action Form**  
Human Resources

Banner ID #	Last Name <b>Cruz, Cynthia</b>	First	Middle Initial	Telephone
Address		City		State Zip

**Part I: Check all that apply**

Classification: <input type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) <b>Completed 15 additional grad hours for a total of 42 hours.</b>
<input type="radio"/> Full-Time <input checked="" type="radio"/> 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.

<b>CURRENT</b> Division/Unit: <b>Allied Health</b>			Job Vacancy No.: (if applicable) <b>N/A</b>
Job Title/Position: <b>Instructor of Associate Degree Nursing</b>			Specialized Area: <b>Associate Degree Nursing</b>
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No			Funded in which FY? <b>FY21</b>
Budget Number: <b>1110-14181-6091-102</b>			Position No. (NBAPOSN): <b>ADN002</b>
Compensation: <b>\$ 63,550</b>	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>3</u> Step <u>32</u>	Hourly Rate: (Part-time only) \$ <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: <b>08/20/18</b>	End Date: <b>n/a</b>	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: <b>n/a</b>

Position is funded for the following number of months/weeks:  
☒ 9 months ☐ 10 1/2 months ☐ 12 months ☐ Other (specify)

<b>PROPOSED</b> Division/Unit: <b>Allied Health</b>			Job Vacancy No.: (if applicable) <b>N/A</b>
Job Title/Position: <b>Instructor of Associate Degree Nursing</b>			Specialized Area: <b>Associate Degree Nursing</b>
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No    Name of Replaced Employee: <b>N/A</b>			Funded in which FY? <b>FY21</b>
Budget Number: <b>1110-14181-6091-102</b>			Position No. (NBAPOSN): <b>ADN002</b>
Compensation: <b>\$ 65,050</b>	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>4A</u> Step <u>32</u>	Hourly Rate: (Part-time only) \$ <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: <b>01/11/21</b>		<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: <b>n/a</b>

Position is funded for the following number of months/weeks:  
☒ 9 months ☐ 10 1/2 months ☐ 12 months ☐ Other (specify)

Explanation of Action:  
**Completed 15 additional grad hours for a total of 42 hours.**

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head Date: <b>4/13/21</b>	Approved by Dean Date:
Approved by Division Chair Date: <b>4-19-21</b>	Approved by Vice President Date: <b>4-26-21</b>
Approved by Cabinet Level Supervisor Date:	Reviewed by Human Resources Date: <b>4-27-21</b>
Budget Approval Date: <b>04/27/2021</b>	Approved by President Date: <b>4-27-21</b>