

## Personnel Action Form Human Resources

Address       City       State       Zip         Part E: Cack ad that apply       City       State       Zip         Address       City       State       Zip         Part I: State address       City       State       Zip         Address       City       State       Zip         Part I: Assignent/Accounting       Staty Adjustment       Staty Adjustment       City       Staty Adjustment         Other (resplain)       Staty Adjustment       Staty Adjustment       Staty Adjustment       Staty Adjustment         Opport Statf       Opport Statf       Opport Statf       Opporest       Staty Adjustment         Staty Adjustment       Job Vacancy No: (if applicable)       Staty Adjustment       Staty Adjustment         Job Tide/Position:       Specialized Area:       Position No. (NIAAPOSN);       Concentration:         Star Date:       End Date:       Part I: Assignment/Staty Position No. (NIAAPOSN);       Wks =         Position Is funded for the following number of months/weeks:       Position No. (NIAAPOSN);       Itemporary, anticipated termination date:         Position Is funded for the following number of months/weeks:       Secontract       Secontract       Secontract         Position Is funded for the following number of months/weeks:       Secontract       Position No. (	Banner ID #	Last Name Taylor, Wanda	First	Middle	e Initial	Telenhone	
Classification:       Classification:       □ Diversion Staff       □ Diversion Staff         Administrative/Professional Staff       □ Stary Adjustment:       □ Stary Adjustment:       □ Diversion Staff         Support Staff employees       □ Administrative/Professional and Taxing       □ Separation (date:	Address	1.2,101, 1.2.12		City		State Zip	
Classification:       Classification:       □ Differ (explain)         Administrative/Professional Staff       □ Stary Adjustment:       □ Differ (explain)         Support Staff       □ Stary Adjustment:       □ Differ (explain)         Negular       □ Servation (date:	Part I: Check all that apply						
Or Regular       O Part-Time         Part II: Assignment Accounting Number of months/weeks below notes how the position is funded, it does not guarantee employeed according to WCIC Policies and Procedures.         Support Staff employees are al-vill employees.         CURRENT       Job Vacancy No: (if applicable)         Job Title/Position:       Specialized Area:         Budgeted Position?       Yes O No         Budgeted Position?       Yes O No         Budgeted Position?       O Yes O No         Start Date:       O Annual       Sched         Other (ceplain)       Step         Prostion is funded for the following number of months/weeks:       O ther (ceplain)         O Ponoths       12 months       O ther (specify)         PROPOSED       Division/Unit:       Allow Control         Alled Health       2104 F 011       Socialized Area:         Job Title/Position:       Sched FAC       Socialized Area:         O Position is funded for the following number of months/weeks:	Classification: Administrative/Professional Staff Faculty Support Staff		Extension Salary Adjustment		er (explain)		
All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures.           Support Staff employees         Job Vacancy No. (if applicable)           Job Title/Position:         Specialized Area:           Budgeted Position?         O Yes O No           Budget Number:         Position No. (NBAPOSN):           Compensation:         O Annual           Star Date:         End Date:           Position is funded for the following number of months/weeks:         O ther (repeatify)           PORPOSED Division/Unit:         Job Vacancy No: (if applicable)           Job Title/Position:         Specialized Area:           Budget Number:         1110-14184-6091-102           Compensation:         O Name of Replaced Employee: Elizabeth Rohan           Funded In which FY? FY21           Budget Number:         1100-14184-6091-102           Conter (replain)         Grade 1           Star Date:         O Name of Replaced Employee: Elizabeth Rohan           Funded In which FY? FY21 <td< td=""><td colspan="4">Regular     O Part-Time</td><td></td><td></td></td<>	Regular     O Part-Time						
Job TitlePosition:       Specialized Area:         Budgeted Position?       Yes O No         Budget Number:       Position No. (NBAPOSN):         Compensation:       Onturity Oracle (replain)         Start Date:       End Date:         Other (replain)       Step         Start Date:       End Date:         Optimison/Unit:       Date:         Position is funded for the following number of months/weeks:       Other (appecity)         PROPOSED       Division/Unit:         Allied Health       2104 F O11         Job Title/Position:       Specialized Area:         Nocational Nursing       Other (appecity)         PROPOSED       Division/Unit:         Job Title/Position:       Stop Other (applicable)         Datageted Position?       Overalized Area:         Vocational Nursing       Vocational Nursing         Budgeted Position?       Name of Replaced Employee: Elizabeth Rohan         Proded in which FY? Fy21       Budgeted Number:         Budget Number:       1110-14184-6091-102         Owner (applicable)       Stard Eric         Start Date:       O Annual         Start Date:       O Annual         Start Date:       O Annual         Start Date:       O Ann	All Administrative/Professiona	al and Faculty (Contract) a					
Budgeted Position?       O Yes O No       Funded in which FY?         Budget Number:       Position No. (NBAPOSN):         Compensation:       Other (explain)       Sched         Start Date:       End Date:       Other (explain)         Of the following number of months/weeks:       Other (explain)       Sep         Of the following number of months/weeks:       Other (explain)       Sep         Of months       12 months       Other (explain)       Sep         Position No. (If applicable)       2104 F D011       Sob         Vacational Nursing       Specialized Area:       Specialized Area:         Northor Site:       Specialized Area:       Specialized Area:         Instructor of Vocational Nursing       Soched FAC       Social Area:       Specialized Area:         Northor Site:       110-14184-6091-102       Position No. (NBAPOSN):       L/VNO02         Compensation:       O Annual       Sched FAC       Hourly Rate: (Par-time only)       Site Area:         Start Date:       08/23/21       O Annual       Sched FAC       Hourly Rate: (Par-time only)       Site Area:         Start Date:       08/23/21       O Annual       Sched FAC       Hourly Rate: (Par-time only)       Site Area:       Site Area:       Site Area:       Site Area: <t< td=""><td colspan="4">CURRENT Division/Unit:</td><td colspan="2">Job Vacancy No.: (if applicable)</td></t<>	CURRENT Division/Unit:				Job Vacancy No.: (if applicable)		
Budget Number:       Position No. (NBAPOSN);         Compensation:       Annual       Sched       Hourly       Sched       Sched<	Job Title/Position:				Specialized A	Specialized Area:	
Compensation:       Annual       Sched       Hourly       Sched       Hourly Rate: (Part-time only)         Start Date:       End Date:       Other (explain)       Step       Step       Start Mate: (Part-time only)         Start Date:       End Date:       Other (explain)       Step       Start Mate: (Part-time only)         Position is funded for the following number of months/weeks:       O annuta       12 months       Other (especify)         PROPOSED       Division/Unit:       Job Tite/Position:       Job Vacancy No:: (If applicable)         Allied Health       2104 F 011       Job Tite/Position:         Instructor of Vocational Nursing       Specialized Area:       Vocational Nursing         Budgeted Position?       O No       Name of Replaced Employee: Elizabeth Rohan       Funded in which FY? FY21         Budgeted Number:       1110-14184-6091-102       Position No. (NBAPOSN): LVN002         Compensation:       O Annual       Sched       FAC         Start Date:       O8/23/21       If At-will-employee:       If remporary, anticipated termination date:         Position No. (NBAPOSN):       LVN002       If remporary, anticipated termination date:       If applicable         Start Date:       O8/23/21       If At-will-employee:       If cemporary, anticipated termination date:       If applicable <td colspan="4">Budgeted Position? O Yes O No</td> <td>Funded in wh</td> <td colspan="2">Funded in which FY?</td>	Budgeted Position? O Yes O No				Funded in wh	Funded in which FY?	
S       Other (explain)       Grade Step       S	Budget Number:				Position No.	Position No. (NBAPOSN):	
S       Other (explain)       Step       S	Compensation:		ž – – –				
Position is funded for the following number of months/weeks: <b>P</b> contract <b>ProPOSED</b> <i>Division/Unit: Job Wacancy No::</i> (if applicable) <i>2104 F 011 2104 F 011             <i>Specialized Area: Vocational Nursing Budgeted Position?</i> <b>Over Solution? ProPOSED</b> <i>Division/Unit: Specialized Area: Vocational Nursing Budgeted Position?</i> <b>Over Solution? Over Solution Chair Over Solution?</b> </i>	\$						
O 9 months       0 10 ½ months       0 12 months       O ther (specify)         PROPOSED       Division/Unit:       2104 F 011       Job Vacancy No: (if applicable)         Allied Health       2104 F 011       Job Title/Position:       No: (NBAPOSN):         Instructor of Vocational Nursing       Vocational Nursing       Vocational Nursing         Budgeted Position:       Instructor of Vocational Nursing       Position No. (NBAPOSN):       LVN002         Budget Number:       1110-14184-6091-102       Position No. (NBAPOSN):       LVN002         Compensation:       Ø Annual       Sched       FAC       Hourly Rate: (Part-time only)       s ma_ per ty at main instructor of No (NBAPOSN):       LVN002         Compensation:       Ø Annual       Sched       FAC       Hourly Rate: (Part-time only)       s ma_ per ty at main instructor of No (NBAPOSN):       LVN002         Start Date:       08/23/21       Ø At-will-employee       If temporary, anticipated termination date:       n/a         Position is funded for the following number of months/weeks:       O other (specify)       Explanation of Action:       If temporary, anticipated termination date:       n/a         Part III: Position/Budget Authorization       Date       Approved by Dean       Date       Date       Approved by Vice President       0.2(-3)(-3)(-3)(-3)(-3)(-3)(-3)(-3)(-3)(-3)	Start Date:	End Date:			If temporary,	anticipated termination date:	
Allied Health       2104 F 011         Job TitlePosition:       Specialized Area:         Instructor of Vocational Nursing       Vocational Nursing         Budget Position?       Yes       No         Name of Replaced Employee: Elizabeth Rohan       Funded in which FY? FY21         Budget Number:       1110-14184-6091-102       Position No. (NBAPOSN): LVN002         Compensation:       One of Annual       Sched       FAC         Grade 1       Sina per hr x n/a       hrs/wk x n/a       wks =         S 67,401       Other (explain)       Step 10       S n/a       per year         Start Date:       08/23/21       At-will-employee       If temporary, anticipated termination date: n/a         Position is funded for the following number of months/weeks:       O other (specify)       Explanation of Action:         Part III: Position/Budget Authorization       Recommended by Supervisor/Department Head       Date       Approved by Vice President       Date         Approved by Cabinet Level Supervisor       Date       Approved by Vice President       Date       Date         Budget Auproval       07/22/2021       Date       Approved by President       Date       Date         Reg. 821       HR Requisition Number F       210       020       020       Mathematin and the monutor	O 9 months O 10 ½ months O 12 months O Other (specify)						
Instructor of Vocational Nursing       Vocational Nursing         Budgeted Position?       O'Yes       No       Name of Replaced Employee: Elizabeth Rohan       Funded in which FY? FY21         Budget Number:       1110-14184-6091-102       Position No. (NBAPOSN): LVN002         Compensation:       O'Annual       Sched       FAC       Hourly are (Part-time only)         s 67,401       O'Annual       Sched       FAC       Hourly are per trainage only         s frid       Detrition No. (NBAPOSN):       LVN002         Start Date:       08/23/21       O'At-will-employee       If temporary, anticipated termination date: n/a         Position is funded for the following number of months/weeks:       O' anoths       O' there (specify)         Explanation of Action:       D' anoths       O' there (specify)         Explanation of Action:       Date       Approved by Dean       Date         Approved by Supervisor/Department Head       Date       Approved by Vice President       Date         Approved by Cabinet Level Supervisor       Date       Approved by Use President       Date         Budget Approval       O7/22/2021       Date       Date       Date       Date         Reg. 821       HR Requisition Number E       2107       026       Date       Date       Date	Allied Health						
Budget Number:       1110-14184-6091-102       Position No. (NBAPOSN):       LVN002         Compensation:	Job Title/Position: Instructor of Vocational Nursing						
Compensation:       Annual       Sched       FAC       Hourly Rate: (Part-time only)         \$ 67,401       Other (explain)       Step       10       \$ $\frac{n/a}{p}$ per hr x $\frac{n/a}{p}$ hrs/wk x $\frac{n/a}{p}$ wks =         Start Date:       08/23/21       If temporary, anticipated termination date:       If temporary, anticipated termination date:         Position is funded for the following number of months/weeks:       If temporary, anticipated termination date:       n/a         Position is funded for the following number of months/weeks:       O ther (specify)       If temporary, anticipated termination date:         P amonths       0 10 ½ months       0 12 months       O ther (specify)         Explanation of Action:       Part III: Position/Budget Authorization       Date         Recommended by Supervisor/Department Head       Date       Approved by Division Chair       Date         Approved by Cabinet Level Supervisor       Date $1 - 2l - 2l$ $2l - 2l$ Budget Approval $07/24/26/262l$ Date $2months 2months 2$	Elizabeti i tertait						
s 67,401       O Hourly O Other (explain)       Grade Step       1 10       S m/a step       per hr x m/a per year       hrs/wk x m/a mes/wk x m/a per year         Start Date:       08/23/21       Image: Authorization and the following number of months/weeks:       If temporary, anticipated termination date: n/a         Position is funded for the following number of months/weeks:       Image: O Other (specify)         Position is funded for the following number of months/weeks:       Image: O Other (specify)         Explanation of Action:       Image: O Other (specify)         Part III: Position/Budget Authorization       Image: O Other (specify)         Recommended by Supervisor/Department Head       Date         Approved by Division Chair       Date         Approved by Cabinet Level Supervisor       Date         T-15-21       Autor         Maproved by Human Resources       Date         Mapproved by Cabinet Level Supervisor       Image: O T/22/2621         Budget Approval       OT/22/2621         Maproved by President       Date         Approved by President       Date         OT/22/2621       Image: Other Chair         Approved by President       Date         Date       OT/22/2621         Maproved by President       Date         Date       OT/22/2621	Budget Number: 1110-14184-6091-102				Position No.	Position No. (NBAPOSN): LVN002	
Start Date:       08/23/21       If temporary, anticipated termination date:         Position is funded for the following number of months/weeks:       0 10 ½ months       0 12 months       0 Other (specify)         Explanation of Action:       If temporary, anticipated termination date:       n/a         Part III: Position/Budget Authorization       Recommended by Supervisor/Department Head       Date       Approved by Dean         Approved by Division Chair       Date       Approved by Vice President       Date         Approved by Cabinet Level Supervisor       Date       Reviewed by Human Resources       Date         Budget Approval       07/22/2s21       Approved by President       Date         Notice and the requisition Number F       2107       0026       Date       Date         Reg. 821       HR Requisition Number F       2107       0026       Date       Date       Date		O Hourly	Grade 1		\$ <u>n/a</u> per	$hr x \underline{n/a} hrs/wk x \underline{n/a} wks =$	
O 9 months         O 10 ½ months         O 12 months         O Other (specify)         Explanation of Action:             Part III: Position/Budget Authorization             Recommended by Supervisor/Department Head         Date         Approved by Division Chair         Date         Approved by Vice President         Date         Date         Approved by President         Date         Date         Date         Approved by President         Date         Date         Approved by President         Date         Date         Approved by President         Date         Approved by President         Date         Approved by President         Date         Date         Approved by President         Date         Approved by President         Date         Date         Date         Date	Start Date: 08/23/21					anticipated termination date:	
Part III: Position/Budget Authorization         Recommended by Supervisor/Department Head       Date       Approved by Dean       Date         Approved by Division Chair       Date       Approved by Vice President       Date       Date         Approved by Division Chair       Date       Approved by Vice President       Date       Date         Approved by Cabinet Level Supervisor       Date       Reviewed by Human Resources       Date         Budget Approval       Date       Approved by President       Date         Budget Approval       Date       Date       Approved by President       Date         Budget Approval       Date       Date       Approved by President       Date       Date         Budget Approval       Date       Date       Approved by President       Date       Date         Budget Approval       Date       Date       Approved by President       Date       Date         Budget Approval <td colspan="7"></td>							
Recommended by Supervisor/Department Head       Date       Approved by Dean       Date         Approved by Division Chair       Date       Approved by Vice President       Date         Approved by Cabinet Level Supervisor       Date       T-15-2       40       1-21-21         Approved by Cabinet Level Supervisor       Date       Reviewed by Human Resources       Date       Date         Budget Approval       Date       O7/26/2621       Date       Date       Date       Date         Reg. 821       HR Requisition Number F       2107       0026       0026       Date       Date       Date	Explanation of Action:						
Approved by Cabinet Level Supervisor     T-15-2.     Lu     1-21-21       Budget Approval     Date     Reviewed by Human Resources     Date       Budget Approval     07/26/2021     Date     Date       Reg. 821     HR Requisition Number F     2107     0026							
Budget Approval     Date     Discussion       Budget Approval     07/26/2021     Discussion       Budget Approval     07/26/2021     Discussion       Reg. 821     HR Requisition Number F     2107         Market     Discussion         Interview     Discussion         Interview     Discussion         Budget Approval     Date         Approved by President     Discussion         Interview     Discussion         Budget Approval         Budget Approval         Discussion         Date         Discussion         Budget Approval         Discussion         Discussion         Discussion         Discussion         Discussion         Discussion         Discussion         Discussion         Discussion             Discussion                 Budget Approval             Discussion             Budget Approval         Discussion	(CA) 7-15-21				Zuv 7-21-21		
Bothscian     07/26/2021     Bitty Active States     1-27-21       Reg. 821     HR Requisition Number F 2107     0026     Ice President of Instruction Date - Unitials     Date - Unitials	Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date Date						
ice President of Interplotton Date 7-13 Initials /	hav .	J			sident A AzeMA		
	Reg. 821 HR Requi	sition Number F 210	0026				