



**Personnel Action Form**  
Human Resources

Banner ID # @	Last Name Conway, Theodore W	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 type="radio"/> Regular	<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain)  Moving from PT AEL Instructor to FT AEL Career Advisor.
<input checked="" type="radio"/> Full-Time <input 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:		Job Vacancy No.: (if applicable)
Job Title/Position:		Specialized Area:
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No		Funded in which FY?
Budget Number:		Position No. (NBAPOSN):
Compensation:	<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched _____ Grade _____ Step _____ Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	End Date:	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract If temporary, anticipated termination date:

Position is funded for the following number of months/weeks:  
☐ 9 months ☐ 10 ½ months ☒ 12 months ☐ Other (specify)

<b>PROPOSED</b> Division/Unit: Instruction		Job Vacancy No.: (if applicable) 2304 A 007
Job Title/Position: Adult Education and Literacy Career Advisor		Specialized Area: Adult Education and Literacy
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Wendy Tamayo	Funded in which FY? FY23
Budget Number: 218918-6012-6101-1012		Position No. (NBAPOSN): GNC17T
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>A</u> Grade <u>5</u> Step <u>10</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: 07/19/23	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: 08/31/23

Position is funded for the following number of months/weeks:  
☐ 9 months ☐ 10 ½ months ☒ 12 months ☐ Other (specify)

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head Tara Zekavat <small>Digitally signed by Tara Zekavat Date: 2023.06.19 14:01:57 -05'00'</small>	Approved by Dean Date
Approved by Division Chair Date	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2023.06.19 14:25:14 -05'00'</small>
Approved by Cabinet Level Supervisor Date	Reviewed by Human Resources Date
Budget Approval Date	Approved by President Date