

Personnel Action Form
Human Resources

Banner ID # @	Last Name PENCE, AMANDA K.	First AMANDA	Middle Initial K.	Telephone
Address		City	State	Zip

Part I: Check all that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
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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) 1410-F-054
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY17
Budget Number: 1610 1410 .14181.6091.102	Position No. (NBAPOSN): ADN004
Compensation: <i>Box</i> \$ 65,391	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched <u>FAC</u> Grade <u>1</u> Step <u>24</u>	Hourly Rate: (Part-time only) \$ <u>NA</u> per hr x <u>NA</u> hrs/wk x <u>NA</u> wks = \$ <u>NA</u> per year
Start Date: 08-22-2016	End Date: NA
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
If temporary, anticipated termination date: NA	
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: ALLIED HEALTH	Job Vacancy No.: (if applicable) 1410-F-054
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING	Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: NA
Budget Number: 1610 1410 .14181.6091.102	Position No. (NBAPOSN): ADN004
Compensation: <i>Box</i> \$ 65,974	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched <u>FAC</u> Grade <u>1</u> Step <u>25</u>	Hourly Rate: (Part-time only) \$ <u>NA</u> per hr x <u>NA</u> hrs/wk x <u>NA</u> wks = \$ <u>NA</u> per year
Start Date: 08-21-2017	End Date: NA
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
If temporary, anticipated termination date:	
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:
ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN, o=Wharton County Junior College, ou=Associate Degree Nursing, email=ashropshire@wcjc.edu, c=US Date: 2017.07.17 08:35:47 -0500</small>	Date	Approved by Dean Megan Costanza <small>Digitally signed by Megan Costanza, DN: cn=Megan Costanza, o=WCJC, email=mcostanza@wcjc.edu, c=US Date: 2017.07.20 09:23:47 -0500</small>	Date
Approved by Division Chair Carol J. Derkowski <small>Digitally signed by Carol J. Derkowski Date: 2017.07.19 13:32:33 -0500</small>	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval <i>B. K...</i>	Date 7/31/17	Approved by President Betty G. Mc... 7-31-17	Date