

Personnel Action Form Human Resources

Banner ID #	Last Name Shropshire,Andrea	First	Midd	le Initial	Telephone	
Address			City		State Zip	
Part I: Check all that apply						
Classification: Administrative/Professional Staff Faculty Support Staff Temporary Regular Part-Time		New Employee Extension Salary Adjustment Separation (date:)		Other (explain)		
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 N/A	Job Vacancy No.: (if applicable) N/A	
Job Title/Position: Instructor of ADN				ADN		
Budgeted Position? • Yes No				Funded in w	Funded in which FY? FY22	
Budget Number: 1110-14181-6091-102				Position No.	Position No. (NBAPOSN): ADNO10	
Compensation: \$ 79,390	O Annual O Hourly Other (explain)	Hourly Grade 7			Hourly Rate: (Part-time only) $ \begin{array}{cccccccccccccccccccccccccccccccccc$	
Start Date: 08/14/14	End Date: N/A		At-will-employee Per contract	If temporary	, anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)						
PROPOSED Division/Unit: Allied Health				Job Vacancy N/A	Job Vacancy No.: (if applicable) N/A	
Job Title/Position: Instructor of ADN				Specialized ADN	Specialized Area: ADN	
Budgeted Position? • Yes No	Name of Replaced Emp	oloyee: N/A		1	Funded in which FY? FY23	
Budget Number: 1110-14181-6091-102				Position No.	Position No. (NBAPOSN): ADNO10	
Compensation:	Annual				Hourly Rate: (Part-time only) $S \frac{N/A}{} \text{ per hr x } \frac{N/A}{} \text{ hrs/wk x } \frac{N/A}{} \text{ wks} =$	
s 79,973	Other (explain)					
Start Date: 08/22/22			At-will-employee Per contract	If temporary, N/A	, anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10 ½ months 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 Digitally signed by Andrea Shropshire, DNP, MSN, RN Date: 2022 08 17 12:02:39-0500' Date: 2022 08 17 12:02:39-0500' Date: 2022 08 17 12:02:39-0500'						
				Date: 2022.08.17 13:39:36 -05'00'		
Carol Derkowski	rol Derkowski 58:43 -05'00'		Leigh Ann Collins Date: 2022.08.17 13:20:45 -05/00'			
1 / 1				Juman Resources Date Language 8/19/2022		
Budget Approval B. Extorial		08/19/20	e Approved by Pr	resident Med	Date S - 52 - 22	