

Personnel Action Form

						· · · · · · · · · · · · · · · · · · ·	Hun	an Resources	
Banner ID # @	Last Name Kadri, Ayesha				Middle Initial		Telephone		
Address					City		State	Zip	
Part I: Check all that apply									
Classification:						xplain)	MACCONING SOCIETY STATES		
6 Faculty									
Support Staff Temporary Full-	Salary Adjustment Separation (date:)								
Regular O Part-		Separau	on (date:)					
Part II: Assignment/Accounting	Number of months/w	eeks below n	otes how th	e position is fun	ded; it does n	ot guarantee emp	loyment status for a p	erson.	
All Administrative/Professional and Support Staff employees are at-will		nd Support S	tatt (Non-C	contract) employ	ees are emplo	yed according to	WCJC Policies and I	Procedures.	
CURRENT Division/Unit:						Job Vacancy No.: (if applicable)			
Job Title/Position:						Specialized Area:			
Budgeted Position? O Yes O No						Funded in which FY?			
Budget Number:						Position No. (NBAPOSN):			
Compensation: O Annual Sched						Hourly Rate: (Part-time only)			
\$	Mourly	Grade		-		\$per h	r x hrs/wk x	wks =	
Start Date:	End Date:	O Other (explain) Step			nployee	\$ per year If temporary, anticipated termination date:			
				O Per contra	ct	in temporary, a	nucipateu terminatioi	i date:	
Position is funded for the following O 9 months O 10 ½ mo	number of months/w	_							
	onuns C 12 moi	iuns O	Other (spe	ciry)					
PROPOSED Division/Unit: Counseling and Academic Advising						Job Vacancy No.: (if applicable) 2006 F 023			
Job Title/Position: Counselor						Specialized Area: Counseling			
Budgeted Position?						Funded in which FY? FY21			
Budget Number: 1210-141	01-6093-503					Position No. (N	BAPOSN): COU	J002	
Compensation:	Annual					Hourly Rate: (Part-time only)			
s 62,067	O Hourly Other (expla	· · · · · · · · · · · · · · · · · · ·				\$ <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: 10/05/20	Ocines (expis	iii)	step _	At-will-en		If temporary, an	nticipated termination	u date:	
Position is funded for the following	number of months/w	eeks:			-	n/a			
O 9 months O 10 ½ mon	nths 🧿 12 mont	ths Oo	ther (spec	rify)					
Explanation of Action:									
Part III: Position/Budget Authoriz			***************************************						
Recommended by Supervisor/Depar	Circle St. effected by Drown C.	irmun-Adeess	Dat	e Approve	ed by Dean			Date	
					sey McF	Pherson	Digitally signed by Lindsey McPherson OH: con-Lindsey McPherson, c+99CJC, cu, Date: 2020.09.14 12:26:36-6600*	nmail-mophersoni@wdp.edu, p=4/3	
Approved by Division Chair			Dat	e Approve	ed Wice Pro	esident	AD: Jai	Date	
Approved by Cabinet Level Supervisor Date					ed by Hundah	Resources	ALLENGE CO	Date 2 7 7 7 7	
Budget Approval			/ Dat	e Approte	d by Preside	T Jest	7-0	23-202 Date	
13. Plación		9/	23/20:		Bon	=NOO_	do 9-	23-20	
Reg. 821 HR Requisition	Number F 200	9 0045			my	MECETY	Revised M	ay 29, 2014	
			•		Vice	President of	Instruction	-	