



Personnel Action Form

Human Resources

| | | | | |
|------------------|-----------------------------------|---------------|----------------|-----------|
| Banner ID # @ | Last Name Reddoch, Tommie Lynn | First Lynn | Middle Initial | 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 checked="" type="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> Separation (date: _____) | <input type="checkbox"/> Other (explain) |
| <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.

| | |
|--|--|
| CURRENT 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: \$ | Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year |
| Start Date: | End Date: |
| | <input type="radio"/> At-will-employee <input type="radio"/> Per contract |
| Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify) | |

| | |
|---|--|
| PROPOSED Division/Unit: Allied Health / Instruction | Job Vacancy No.: (if applicable) 2407 F 024 |
| Job Title/Position: Instructor of Associate Degree Nursing | Specialized Area: Associate Degree Nursing |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No | Funded in which FY? FY25 |
| Name of Replaced Employee: Anna Sawyer | |
| Budget Number: 1110-14181-6091-102 | Position No. (NBAPOSN): ADN008 |
| Compensation: \$ 74,138 | Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year |
| Start Date: 01/22/25 | End Date: |
| | <input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract |
| Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify) | |

Explanation of Action:

Part III: Position/Budget Authorization

| | | | |
|---|------|--|------|
| Recommended by Supervisor/Department Head Sandra Davis Digitally signed by Sandra Davis Date: 2025.01.09 11:07:17 -06'00' | Date | Approved by Dean | Date |
| Approved by Division Chair | Date | Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.01.09 10:17:20 -06'00' | Date |
| Approved by Cabinet Level Supervisor | Date | Reviewed by Human Resources <i>Amber Johnson</i> 1/13/25 | Date |
| Budget Approval <i>130K</i> Betty A. McCracken Date: 1/13/25 | Date | Approved by President <i>Betty McCracken</i> 1-13-25 | Date |