

## Personnel Action Form

Human Resources

Banner ID # @	Last Name Krause, Emily C	First Emily	Middle Initial C	Telephone 
Address 		City 		State 
<b>Part I: Check all that apply</b>				
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="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)		<input type="checkbox"/> Other (explain) _____
<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time				
<b>Part II: Assignment/Accounting</b> 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 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 type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify) _____				
<b>PROPOSED</b> Division/Unit: _____			Job Vacancy No.: (if applicable) _____	
Instruction Public Services Librarian			2204 F 028	
Job Title/Position: _____			Specialized Area: _____	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No			Name of Replaced Employee: Marissa Saenz	
Funded in which FY? FY22			Position No. (NBAPOSN): LIB001	
Budget Number: 1110-1496-6093-402				
Compensation: \$ 62,734	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) _____	Sched FAC Grade 1 Step 3	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year	
Start Date: 06/13/22		<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: n/a	
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify) _____				
Explanation of Action: _____				
<b>Part III: Position/Budget Authorization</b>				
Recommended by Supervisor/Department Head Marissa Saenz		Date Digitally signed by Marissa Saenz Date: 2022.05.27 12:46:55 -05'00'	Approved by Dean Date	
Approved by Division Chair		Date	Approved by Vice President Leigh Ann Collins	
Approved by Cabinet Level Supervisor		Date	Digitally signed by Leigh Ann Collins Date: 2022.05.31 12:40:04 -05'00'	
Budget Approval B. Skocian		Date 06/02/2022	Reviewed by Human Resources [Signature] 6/2/22	
		Date	Approved by President [Signature] 6-2-22	