

Personnel Action Form Human Resources

Banner ID # @	Last Name SHROPSHIRE, ANDREA M	First	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 type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" 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					
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) 1312-F-096		
Job Title/Position: DEPARTMENT HEAD			Specialized Area: NURSING		
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No			Funded in which FY? F19		
Budget Number: 1110.14181.6091.102			Position No. (NBAPOSN): ADN005		
Compensation: \$ 87,401		<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 7 _____ Step 28 _____	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year	
Start Date: 08-20-2018		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 checked="" 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			Job Vacancy No.: (if applicable) 1312-F-096		
Job Title/Position: DEPARTMENT HEAD			Specialized Area: NURSING		
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No			Name of Replaced Employee: NA		
Funded in which FY? FY20					
Budget Number: 1110.14181.6091.102			Position No. (NBAPOSN): ADN005		
Compensation: \$ 88,068		<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 7 _____ Step 29 _____	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year	
Start Date: 08-19-2019				<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 checked="" 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 DN: cn=Andrea Shropshire, DNP, MSN, RN, o=Wharton County Junior College, ou=Associate Degree Nursing, email=shropshire@wcjc.edu, c=US Date: 2019.07.08 10:03:43 -0500</small>		Date _____		Approved by Dean Paul J. Quinn <small>Digitally signed by Paul J. Quinn Date: 2019.07.12 11:13:29 -05'00'</small>	
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2019.07.11 10:19:40 -05'00'</small>		Date _____		Approved by Vice President [Signature] 7-15-19	
Approved by Cabinet Level Supervisor		Date _____		Reviewed by Human Resources [Signature] 07/22/19	
Budget Approval [Signature]		Date 7/22/19		Approved by President [Signature] 7-23-19	