

Personnel Action Form

Human Resources

Employee ID #	Last Name Cruz, Cynthia A.	First	Middle Initial	Telephone
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"/> Full-Time <input checked="" type="radio"/> Regular <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) completion of additional graduate hours
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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)

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: Associate Degree Nursing

Budgeted Position? Yes No Funded in which FY? FY18

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN002

Compensation: \$ 59,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1A</u> Step <u>28</u>	Hourly Rate (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: 01/13/14 End Date: N/A At-will-employee
 Per contract If temporary, anticipated termination date: N/A

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: Allied Health Job Vacancy No.: (if applicable)

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: Associate Degree Nursing

Budgeted Position? Yes No Name of Replaced Employee: N/A Funded in which FY? FY18

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN002

Compensation: \$ 60,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>2A</u> Step <u>28</u>	Hourly Rate (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: 08/21/17 At-will-employee
 Per contract If temporary, anticipated termination date: N/A

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

Explanation of Action:
Completed a total of 18 graduate hours

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Carol J. Derkowski <small>Digitally signed by Carol J. Derkowski Date: 2017.09.07 16:24:42 -05'00'</small>	Approved by Dean Megan Costanza <small>Digitally signed by Megan Costanza DN: cn=Megan Costanza, o=WCJC, ou=Voluntary Involvement, email=megan.costanza@wcjc.edu, c=US Date: 2017.09.07 16:27:51 -05'00'</small>
Approved by Division Chair Carol J. Derkowski <small>Digitally signed by Carol J. Derkowski Date: 2017.09.07 16:24:56 -05'00'</small>	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins DN: cn=Leigh Ann Collins, o=WCJC, ou=VP, email=leighcollins@wcjc.edu, c=US Date: 2017.09.07 16:44:49 -05'00'</small>
Approved by Cabinet Level Supervisor 	Reviewed by Human Resources
Budget Approval B. Derkowski 	Approved by President Bryan McLeod