

## **Personnel Action Form**

New Employee   City   State   Zip							Human Resources	
City   State Zip	Banner ID #	Last Name	F	irst	Midd	le Initial	Talankana	
Part I: Check all that apply		Kumar, Estner			O't			
Classification:  Administrative/Professional Staff Support Staff Parell 1: 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 Support Staff (Non-Contract) employees are employed according to WCIC Policies and Procedures. Support Staff amployees are at-will employees.  CURRENT Division/Unit:  Illide Health Do Trute/Position:  Specialized Area:  Associate Degree Nursing  Budgeted Position?  Associate Degree Nursing  Sudget Number:  1110-14181-6091-102  Position No. (NBAPOSN): ADN001  End Date:  PROPOSED Division/Unit:  Office (explain)  Other (explain)  Other (specify)  Prosition is funded for the following number of months/weeks:  Provided Namel:  Associate Degree Nursing  Other (explain)  Step 20  At-will-employee  Pre contract  If apprin x not included termination date:  In/a  Provision is funded for the following number of months/weeks:  Provision is funded for the following number of months/weeks:  Associate Degree Nursing  Associate Degree N	Address				City		State Zip	
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Extension   Completion of additional 12 hours   Extension   Salary Adjustment   Separation (date:   Sepa	Classification:		New Emp	plovee	<b>✓</b> Ot	her (explain)	-	
Salary Adjustment   Solary Adjustment   Sola	Administrative/Professional Staff							
Separation   Sep	Paculty			= Comp				
Regular Part-Time			toward		ards doctora	is doctorate.		
All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures. Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures. Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures. Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures. Support Staff (Non-Contract) employees. Specialized Area:  Associate Degree Nursing Sudget Position:  Specialized Area:  Associate Degree Nursing Position No. (NBAPOSN): ADNOO1  Funded in which FY? FY21  Position No. (NBAPOSN): ADNOO1  Hourly Staff (Part-time only):  \$ \$7,050			_ Separatio	on (date	,			
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Division/Unit:   Job Vacancy No. (if applicable)   Job Vacancy No. (if a								
Specialized Area:   Associate Degree Nursing   Punded in which FY? FY21	Support Staff employees are at-will	employees.						
Associate Degree Nursing  Associate Degree Nursing  Associate Degree Nursing  Budget Number:  1110-14181-6091-102  Position No. (NBAPOSN): ADN001  Funded in which FY? FY21  Position No. (NBAPOSN): ADN001  For the proper state of the following number of months/weeks:  O anotha O 10 is months O 12 months O 12 months  O ther (explain)  O	CURRENT Division/Unit: Allied Health							
Associate Degree Nursing  Budgeted Position?	Job Title/Position:						Specialized Area:	
Budget Number:  1110-14181-6091-102  Compensation:  577,050  Conter (explain)  Stept 20  At-will-employee  Associate Degree Nursing  Budgeted Position?  Order (explain)  Other (explain)  Other (explain)  Other (explain)  Other (explain)  Other (expecity)  PROPOSED Division/Unit:  Illied Health  Ob Title/Position:  Stept 20  Name of Replaced Employee: n/a  Find Date:  Other (expecity)  Proposition is funded for the following number of months/weeks:  O 9 months  O 10 ½ months  Other (explain)  Other (explain)  Other (expecity)  Proposed by Stept 20  At-will-employee  Other (explain)  Other (expecity)  Other (explain)  Other (expl	Instructor of Associate Degree Nursing							
Compensation:   Grade   Annual   Sched   FAC   Grade   2A   S n n n   per t year   Name   Mark   Name   N	Budgeted Position? • Yes • No					Funded in w	Funded in which FY? FY21	
Social Position   Social Pos	Budget Number: 1110-14181-6091-102						(NBAPOSN): ADNO01	
Social Position   Start Date:   Brid Date   Step   20   Start Date:   Brid Date   Start Date:   Start Date	Compensation:	Annual		Sched FAC	_	Hourly Rate	: (Part-time only)	
Start Date:   Counter (specify)   Stephanis   Counter (specify)   Specialized Area:   Associate Degree Nursing   Sudgeted Position?   Order (specify)   Order (specif	. 57 050	~		Grade 2A	_	\$ <u>n/a</u> pe	$r hr x \underline{n/a} hrs/wk x \underline{n/a} wks =$	
Second Percentract   New York   Percentract   New York   Percentract   New York   New	\$ 37,030	Other (explain	)	Step 20	_	\$ <u>n/a</u> pe	er year	
PROPOSED Division/Unit:	Start Date: 08/24/20						, anticipated termination date:	
PROPOSED Division/Unit:	Position is funded for the following	number of months/wee	ks:		-			
Specialized Area: Associate Degree Nursing   Specialized Area: Associate Degree Nursing   Sudgeted Position?	9 months  ○ 10 ½ mo	nths 🔘 12 month	s 🔘 o	ther (specify)				
Specialized Area: Associate Degree Nursing  Sudgeted Position?							y No.: (if applicable)	
Associate Degree Nursing  Funded in which FY? FY21  Position No. (NBAPOSN): ADN001  Compensation:    1110-14181-6091-102							Area:	
Sudget Position?   Oyes   No   Name of Replaced Employee: n/a   Funded in which FY? FY21	Instructor of Associate Degree Nursing							
Position No. (NBAPOSN): ADNO01  Compensation:  Set								
Sched   Sche	D. J. A. N			11/4				
Start Date:  08/23/21    Other (explain)   Step   20   Start Date:   Other (explain)   Other (explain)   Step   20   Start Date:   Other (explain)   Other (explain)   Other (explain)   Start Date:   Other (explain)   Other (expl	1110-141	81-6091-10	2			Position No.	(INBAPOSIN): ADNO01	
Start Date: 08/23/21    Other (explain)   Step   20   \$ n/a per year	Compensation:	Annual		Sched FAC	_	Hourly Rate	: (Part-time only)	
Start Date: 08/23/21    Okay 23/21	¢ 58 050	O Hourly		Grade 3A	_		$r hr x \underline{n/a} hrs/wk x \underline{n/a} wks =$	
Position is funded for the following number of months/weeks:  9 months 10 ½ months 12 months Other (specify)  Explanation of Action: Completion of additional 12 hours for a total of 30 hours towards doctorate.  Part III: Position/Budget Authorization Recommended by Supervisor/Department Head  Date Approved by Division Chair  Date Approved by Vice President  Date  Approved by Human Resources  Date  Approved by President  Date	\$ JO,0JU	Other (explain	)	Step 20	<u> </u>	\$ <u>n/a</u> pe	er year	
Other (specify)  Explanation of Action: Completion of additional 12 hours for a total of 30 hours towards doctorate.  Part III: Position/Budget Authorization  Recommended by Supervisor/Department Head  Date  Approved by Division Chair  Date  Approved by Cabinet Level Supervisor  Date  Budget Approval  Date  Approved by Human Resources  Date  Approved by President  Date  Dat	Start Date: 08/23/21						, anticipated termination date:	
Explanation of Action: Completion of additional 12 hours for a total of 30 hours towards doctorate.  Part III: Position/Budget Authorization  Recommended by Supervisor/Department Head  Date  Approved by Division Chair  Date  Approved by Vice President  Date  Approved by Human Resources  Date  Budget Approval  Date  Approved by President  Date  Date  Approved by President  Date  Dat	_	_						
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Approved by Division Chair  Date  Approved by Vice President  Date  Approved by Livision Chair  Date  Approved by Vice President  Date  Approved by Human Resources  Date  Approved by President  Date			of 30 ho	ours toward	s doctorate.			
Approved by Division Chair  Date  Approved by Vice President  Date  Approved by Vice President  Date  Approved by Human Resources  Date  Approved by President  Date				Dete	American 11   5			
Approved by Division Chair  Date  Approved by Vice President  Date  Approved by Vice President  Date  Approved by Human Resources  Date  Approved by President  Date	A Supervisor/Depar	unent ricau	6		Approved by Do	zaii	Date	
Budget Approval  Budget Approval  Col 28/2021  Date  Reviewed by Human Resources  Approved by President  Date	Approved by Division Chair				Approved by Vi	ice President	/ Date	
Budget Approval  Budget Approval  Col 28/2021  Date  Reviewed by Human Resources  Approved by President  Date	CHEL.			しっちゃつ	bl Inc		6-22-21	
Budget Approval  B. Karia  OL/28/2021  Date  Approved by President  Date  Other Melushi  6-28-2  Date  Other Melushi  6-28-2	Approved by Cabinet Level Supervis	sor				uman Resources	Date	
B. OKacia 04/28/2021 Soth a Melicake 6.78-21	•				1	· & A.	1-20-1	
B. OKacia 04/28/2021 Soth a Melicake 6.78-21	Budget Approval		,	Date	Approved by Pr	esident	Date	
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