

Personnel Action Form Human Resources

Banner ID #	ner ID# Last Name Davis, Sandra		First				Middle Initial		Telephone	man Resources	
Address						C	City		State Zip		
Part I: Check all that app	lv										
Classification: New Employee Vother (explain)											
O Administrative/Profe	☐ Extension										
Faculty Support Staff			Salary Adjustment Sala				y adjustment per BOT approval				
Temporary			Separation (date:)			10/15/24 (final step)					
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)											
Allied Health								Job Vacancy No.: (if applicable) n/a			
Job Title/Position: Instructor of Associate Degree Nursing								Specialized Area: Associate Degree Nursing			
Budgeted Position? • Yes • No								Funded in which FY? FY26			
Budget Number: 1110-14181-6091-102								Position No. (NBAPOSN): ADNO05			
Compensation:		Annual		Sched F	AC			Hourly Rate: (1		1000	
\$ 98,737 Pourly			Grade 1				\$ n/a per hr x n/a hrs/wk x n/a w			<u>n/a</u> wks =	
Other (expl							\$ <u>n/a</u> per year				
Start Date: 01/13/14	At-will-e Per contra				loyee	If temporary, anticipated termination date: n/a					
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)											
PROPOSED Division/Unit: Allied Health								Job Vacancy No.: (if applicable)			
Job Title/Position: Instructor of Associate Degree Nursing								Specialized Area:			
Budgeted Position?								Associate Degree Nursing Funded in which FY? FY26			
Budget Number: 1110-14181-6091-102								Position No. (NBAPOSN): ADNO05			
Compensation:	Sched FAC					Hourly Rate: (Part-time only)					
s 99,403	Grade 1					\$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks =					
	Other (explain) Step 50						§ n/a per year				
Start Date: 09/01/25		At-will-e Per contr			loyee	If temporary, anticipated termination date: n/a					
Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O Other (specify)											
Explanation of Action: Salary adjustment per BOT approval 10/15/24 (final step)											
Part III: Position/Budget A		The second secon	(IIIIai step)	-						
Recommended by Supervisor/Department Head											
Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.09.10 08:51:43-05'00'											
Approved by Division Chair Date Approved by Vice President Date											
Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.09.10 08:52:01-05/00' Leigh Ann Collins											
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date: 2025.09.10 10:30:56 -05'00' Date: 2025.09.10 10:30:56 -05'00'											
Budget Approval				D	(1	200	the	exp	unen	1-17-25	
Cymthic word 9.16.25 MMILLIN 09/18/15 Date											
Reg 821 HR Requisition Number - 2509 0046 Revised May 29, 2014											