

## **Personnel Action Form**

Banner ID # Last Name  Tamer, Fatma		First		Middle Initial		Telephone Telephone		
Address	<del>-</del>		City		State	Zip		
Part I: Check all that apply								
Classification:     Administrative/Professional Staff     Faculty     Support Staff     Temporary     Regular     Part-Time		✓ New Employee     ☐ Extension     ☐ Salary Adjustment     ☐ Separation (date:)		Other (explain)				
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)				
Job Title/Position:					Specialized Area			
Budgeted Position? O Yes O No					Funded in which FY?			
Budget Number:					Position No. (NBAPOSN):			
Compensation:	Annual Sched Hourly Grade				Hourly Rate (Part-time only)			
\$	Other (expla			\$per hr x hrs/wk x wks = \$per year				
Start Date:	End Date:			employee tract	If temporary, anticipated termination date:			
Position is funded for the following number of months/weeks:  9 months 0 10 ½ months 0 12 months 0 Other (specify)								
PROPOSED Division/Unit: Math and Physical Sciences					Job Vacancy No.: (if applicable) 2001 F 006			
Job Title/Position: Temporary Instructor of Mathematics					Specialized Area: Mathematics			
Budgeted Position?  Yes  No Name of Replaced Employee: n/a				<del>.</del>	Funded in which FY? FY21			
Budget Number: 1110-14305-6091-100					Position No. (NBAPOSN): MAT18T			
Compensation:						art-time only)		
s 50,550	Other (expla				\$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year			
Start Date: 00/04/00			At-will-	At-will-employee If temporary, 05/31/21		nticipated termination	date	
Position is funded for the following number of months/weeks:  9 months  10 ½ months  12 months  Other (specify)								
Explanation of Action:								
Part III: Position/Budget Authoriza								
Recommended by Supervisor/Departs Yvonne Smith	Optatly signed by Yvores in OH: com Yvonne Smith, arWC artis.	Da min CICL ourMath and Physical Science, ornatromany	Appro	oved by Dean			Date	
Approved by Division Chair Date				Approved by Vice President Date				
Jennifer Mauch  Despringer by Annufr Haust  Despringer to State A court of the Company Annur Compan auxiliary Annur Compan auxiliary Annur Company Annur Com				Ju 5-1-20				
Approved by Cabinet Level Supervisor	te Revie	Reviewed by Human Report Con Date						
Budget Approval		05/13/262		oved by Preside	2.20	W 5.	Date 12-2)	
Reg. 821 HR Requisition	Number   2005		7	July	MECKI	Revised Ma	ay 29, 2014	

Vice Project of Insertation Outs 5/7/20 Indial P