

Personnel Action Form

Dames ID #					Hum	an Resources
Banner ID #	Last Name Troquille, Brian	First	Middle In	itial	Telephone	
Address	City				State	Zip
Part I: Check all that apply			-			
Classification: Administrative/Professional S Faculty Support Staff	Staff Extens	✓ New Employee ☐ Extension ☐ Salary Adjustment		Other (explain)		
Temporary Part-T	ime	Separation (date:)				
Part II: Assignment/Accounting N	umber of months/weeks below	notes how the posi	tion is funded; it does n	ot guarantee emp	loyment status for a p	erson.
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? Yes No				Funded in which FY?		
Budget Number:				Position No. (NBAPOSN):		
Compensation:	Q Annual	Sched		Hourly Rate: (I		
\$	Hourly Grade Other (explain) Step			\$ per hr x hrs/wk x wks = \$ per year		
Start Date:	End Date: At-will-employee Per contract			If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify)						
PROPOSED Division/Unit: Vocational Science / Instruction				Job Vacancy No.: (if applicable) 2504 F 023		
Job Title/Position: Instructor of Process Technology				Specialized Area: Process Technology		
Budgeted Position?				Funded in which FY? FY26		
Budget Number: 1510-14308-6091-102				Position No. (NBAPOSN): PTC001		
Compensation:	Annual	Sched FAC		Hourly Rate: (F	art-time only)	
\$ 72,070	Other (explain)	Grade 1 Step 9		\$ n/a per hr \$ n/a per y	x _n/a hrs/wk x	n/a wks =
Start Date: 01/05/2026	- Committee (explain)		At-will-employee Per contract		nticipated termination	date:
Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O 0ther (specify)						
Explanation of Action:						
Part III: Position/Budget Authoriza	tion					
Recommended by Supervisor/Departm	nent Head	Date	Approved by Dean			Date
Gary Bonewald Date: 2025.10.09 08:52:49 -05:00' Danny Baco					Digitally signed by Dar Date: 2025.10.09 09:2	
Approved by Division Chair Gary Bonewald	Digitally signed by Gary B	Date onewald	Approved by Vice Pr		Digitally signed by L	Date
Approved by Cabinet Level Supervisor Date: 2025.10.09 08:53:11 -05'00' Leight Affil Collins Date: 2025.10.09 10:29:59 -05'00'						
, and apprint	-	Date	Reviewed by Human	Resources		Date
Budget Approval	-	Date	Approved by Presider	t d	nsen 1	Date
ym Tuo Ward	104.		MINU	MULK	0/10	35
Reg 821 HR Requisition 1	Number <u>F</u> 2510 00	55	1/0	Con	Revised Ma	v 29, 2014