



**Personnel Action Form**  
Human Resources

Banner ID # @	Last Name Anwarzad, Basira	First	Middle Initial	Telephone
Address		City		State      Zip

**Part I: Check all that apply**

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input 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 checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
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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.

<b>CURRENT</b> Division/Unit:		Job Vacancy No.: (if applicable)
Job Title/Position:		Specialized Area:
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No		Funded in which FY?
Budget Number:		Position No. (NBAPOSN):
Compensation:	<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	End Date:	<input checked="" type="radio"/> At-will-employee <input type="radio"/> 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)

<b>PROPOSED</b> Division/Unit:		Job Vacancy No.: (if applicable)
Enrollment Management & Registrar		2508 A 031
Job Title/Position:		Specialized Area:
Financial Aid Advisor		Financial Aid
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a	Funded in which FY? FY26
Budget Number: 1210-13024-6093-501		Position No. (NBAPOSN): FAA003
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 01/05/26	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: n/a

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 Authorization**

Recommended by Supervisor/Department Head <b>Priscilla Salas</b> Digitally signed by Priscilla Salas Date: 2025.10.16 13:25:37 -05'00'	Approved by Dean <b>Jerry Martinez</b> Digitally signed by Jerry Martinez Date: 2025.10.16 14:58:15 -05'00'
Approved by Division Chair  Date	Approved by Vice President <b>Amanda A. Allen</b> Digitally signed by Amanda A. Allen Date: 2025.10.16 15:17:24 -05'00'
Approved by Cabinet Level Supervisor  Date	Reviewed by Human Resources <i>[Signature]</i> 10-23-25 Date
Budget Approval <i>[Signature]</i> Date	Approved by President <i>[Signature]</i> 11/03/25 Date