

Personnel Action Form

Human Resources

Banner ID#	Last Name First Cavin Don			Middle Initial		Telenhone Telenhone		
Address					City Sugarland		State TX	Zip 77479
Part I: Check all that apply								
Classification: Administrative/Professional S Faculty Support Staff	Staff C	✓ New Employee ☐ Extension ☐ Salary Adjustment			Change from part time to temporary full time			
Temporary Full-Ti	Separation (date:)			une				
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 Hourly		Sched			Hourly Rate: (Part-time only) \$per hr xhrs/wk xwks =		
Start Date:	Other (explain	1)	Step	At-will-employee Per contract		\$ per year If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)								
PROPOSED Division/Unit: Communication and Fine Arts						Job Vacancy No.: (if applicable) 1908 F 042		
Job Title/Position: Temporary Full Time Instructor of English						Specialized Area: English		
Budgeted Position?							ch FY? FY19	
Budget Number: 1110.14503.6091.100 Position No. (NBAPOSN): ENG04T								G04T
Compensation:	Annual	С	Hourly Rate: (Par		• /			
s 46,550	O Hourly Other (explain	1	Grade 1 Step 3			$\frac{n/a}{per hr x} \frac{n/a}{mhrs/wk x} \frac{n/a}{mks} = $		
Start Date: 08/19/2019				At-will-er Per contra			, anticipated 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 Authorization								
Recommended by Supervisor/Department Head Date					Approved by Dean Date			
Approved by Division Chair				Approx	Approved by Vice President Date			Date
Approved by Cabinet Level Supervisor				e Review	Reviewed by Human Resources Date			
Budget Approval Date				e Approv	Approved by President Date			
15. Okocian			8/9/	19 0	Approved by President 8-8-19 Betty A-Maluble 8-12-8			

Reg. 821

HR Requisition Number F 1908 0043

Revised May 29, 2014