

Personnel Action Form

Banner ID #	Last Name Jacobs, Jeanette	First	Middle In	itial Tele	ephone	an Resources
@!	Jacobs, ocanicito		City		State	Zip
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art I: Check all that apply		AND STATE OF THE S			,	\ .
Administrative/Professional Staff		New Employee Extension Salary Adjustment Other (Comp total o		explain) eted 12 addition f 36 hours.	onal grad	hours for a
Temporary O Full-Ti Regular Part-Ti		aration (date:)				
Part II: Assignment/Accounting Nu All Administrative/Professional and F Support Staff employees are at-will er	aculty (Contract) and Suppo					
CURRENT Division/Unit: Allied Health				Job Vacancy No.: (if applicable) 1909 F 052		
Job Title/Position: Instructor of Associate Degree Nursing				Specialized Area: Associate Degree Nursing		
Budgeted Position? • Yes • No				Funded in which FY? FY21		
Budget Number: 1110-14181-6091-102				Position No. (NBAPOSN): ADNO08		
Compensation: 67,723	Annual Hourly Other (explain)	Sched F Grade 3 Step 21		Hourly Rate: (Part-time only) \$\frac{n/a}{a} \text{ per hr x } \frac{n/a}{a} \text{ hrs/wk x } \frac{n/a}{a} \text{ wks} = \$\frac{n/a}{a} \text{ per year}		
Start Date: 08/24/20	End Date:	At-v	vill-employee contract	If temporary, anticip.	ated termination	date:
		Other (specify)			5 1: 1·1->	
PROPOSED Division/Unit: Allied Health				Job Vacancy No.: (if applicable) 1909 F 052		
Job Title/Position: nstructor of Associate Degree Nursing				Specialized Area: Associate Degree Nursing		
Budgeted Position? • Yes No Name of Replaced Employee: n/a				Funded in which FY? FY21		
Budget Number: 1110-14181-6091-102				Position No. (NBAPOSN): ADNO08		
Compensation:	Other (explain)	Sched FAC Grade 4 Step 21		Hourly Rate: (Part-time only) $ \begin{array}{cccccccccccccccccccccccccccccccccccc$		
Start Date: 08/23/21		☐ At-v	vill-employee contract	If temporary, anticip	ated termination	date:
Position is funded for the following nu 9 months 10 ½ month		Other (specify)			-	
xplanation of Action: ompleted 12 additional gra	d hours for a total of	36 hours.				
art III: Position/Budget Authoriza		B. 1.				Date
ecommended by Supervisor/Departm	nent Head	6-6-21	pproved by Dean			
Approved by Division Chair		bate A	pproved by Vice P	resident	6-221	Date 1
approved by Cabinet Level Supervisor	r		eviewed by Human	Resources	- 6	Date - 28-2/
Budget Approval	Ø	Date A	pproved by Preside	a. Mcla	20 6	Date 28-21
Reg. 821 HR Requisition	Number F 2105	0015	Vice P	RECEIVED wident of Instruct	Revised M	RECEIVED Avor Word Honal Instr
				8 by Initial: TC	_	2001