



**Personnel Action Form**  
Human Resources

|   |  |   |  |   |  |           |  |
|---|--|---|--|---|--|-----------|--|
| Banner ID #<br>@  |  | Last Name<br>Sutton, Camilla  |  | First   | Middle Initial                                     | Telephone |  |
| Address   |  |   |  | City  |  | State Zip |  |
| <b>Part I: Check all that apply</b>   |  |   |  |   |  |           |  |
| Classification:<br><input checked="" type="radio"/> Administrative/Professional Staff<br><input type="radio"/> Faculty<br><input type="radio"/> Support Staff<br><input type="radio"/> Temporary<br><input checked="" type="radio"/> Regular  |  | <input checked="" type="checkbox"/> New Employee<br><input type="checkbox"/> Extension<br><input type="checkbox"/> Salary Adjustment<br><input type="checkbox"/> Separation (date: _____) |  | <input type="checkbox"/> Other (explain)  |  |           |  |
| <input checked="" type="radio"/> Full-Time<br><input type="radio"/> Part-Time   |  |   |  |   |  |           |  |
| <b>Part II: Assignment/Accounting</b> Number of months/weeks below notes how the position is funded; it does not guarantee employment status for a person.<br>All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures.<br>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:<br>\$   |  | <input type="radio"/> Annual<br><input type="radio"/> Hourly<br><input type="radio"/> Other (explain)   | Sched _____<br>Grade _____<br>Step _____ | Hourly Rate: (Part-time only)<br>\$ _____ per hr x _____ hrs/wk x _____ wks =<br>\$ _____ per year  |  |           |  |
| Start Date:   |  | End Date:   |  | <input checked="" type="radio"/> At-will-employee<br><input type="radio"/> Per contract   | If temporary, anticipated termination date:        |           |  |
| Position is funded for the following number of months/weeks:<br><input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)   |  |   |  |   |  |           |  |
| <b>PROPOSED</b> Division/Unit:<br>Student Success   |  |   |  |   | Job Vacancy No.: (if applicable)<br>2304 A 008     |           |  |
| Job Title/Position:<br>Learning Center Facilitator  |  |   |  |   | Specialized Area:<br>Learning Center               |           |  |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No      Name of Replaced Employee: N/A  |  |   |  |   | Funded in which FY? FY23                           |           |  |
| Budget Number:<br>1110-1493-6093-100  |  |   |  |   | Position No. (NBAPOSN): LCF001                     |           |  |
| Compensation:<br>\$ 44,525  |  | <input checked="" type="radio"/> Annual<br><input type="radio"/> Hourly<br><input type="radio"/> Other (explain)  | Sched A<br>Grade 5<br>Step 10            | Hourly Rate: (Part-time only)<br>\$ n/a per hr x n/a hrs/wk x n/a wks =<br>\$ n/a per year  |  |           |  |
| Start Date:<br>07/24/23   |  |   |  | <input checked="" type="radio"/> At-will-employee<br><input type="radio"/> Per contract   | If temporary, anticipated termination date:<br>N/A |           |  |
| Position is funded for the following number of months/weeks:<br><input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)   |  |   |  |   |  |           |  |
| Explanation of Action:  |  |   |  |   |  |           |  |
| <b>Part III: Position/Budget Authorization</b>  |  |   |  |   |  |           |  |
| Recommended by Supervisor/Department Head<br>Lindsey McPherson<br><small>Digitally signed by Lindsey McPherson<br/>DN: cn=Lindsey McPherson, o=WCJC, ou, email=mcphersonl@wcjc.edu, c=US<br/>Date: 2023.06.29 16:19:29 -0500</small>  |  |   |  | Date<br>Approved by Dean  |  |           |  |
| Approved by Division Chair  |  |   |  | Date<br>Approved by Vice President<br>Leigh Ann Collins<br><small>Digitally signed by Leigh Ann Collins<br/>Date: 2023.06.30 07:31:23 -05'00'</small> |  |           |  |
| Approved by Cabinet Level Supervisor  |  |   |  | Date<br>Reviewed by Human Resources   |  |           |  |
| Budget Approval<br><i>[Signature]</i>   |  |   |  | Date<br>Approved by President<br><i>[Signature]</i>   |  |           |  |