

Personnel Action Form

Human Resources

Banner ID #	ner ID # Last Name Faul, David		First		Middle Initial		Telephone			
Address						City		State Zip		
Part I: Check all that apply										
Classification:										
Administrative/Pr	Extension				Apiani,					
Faculty Support Staff	Salary Adjustment			į.						
Temporary Full-Time			Separation (date:)			.				
O Regular										
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			
							Specialized Fittal			
Budgeted Position? O Yes O No							Funded in which FY?			
Budget Number							Position No. (NBAPOSN).			
Compensation:	Sched				Hourly Rate (Part-time only)					
	Compensation: Annual Hourly			Grade			\$per h	hr x hrs/wk x wks =		
S Other (expl			ain) Step				\$ per year			
Start Date End Date			5			At-will-employee If temporary		y, anticipated termination date:		
Position is funded for the following number of months/weeks:										
O 9 months O 10 1/2 months O Other (specify)										
PROPOSED Division/Unit: Job Vacancy No.: (if applicable)										
Math and Physical Sciences								2001 F 007		
Job Title/Position: Temporary Instructor of Mathematics							Specialized Area Mathematics			
Budgeted Position?							Funded in which FY? FY21			
Budget Number: 1110-14305-6091-100 Position No. (NBAPOSN): MAT19T										
Compensation	Sched FAC				Hourly Rate: (Part-time only)					
- E0 EE0	Grade 1			•	\$ n/a per hr x n/a hrs/wk x n/a wks =					
s 50,550 Cher (expla			uin) Step 10				\$ <u>n/a</u> per year			
Start Date: 08/24/20						At-will-employee Per contract			nticipated termination date:	
Position is funded for the following number of months/weeks:										
② 9 months O 10 1/2 months O Other (specify)										
Explanation of Action:										
Part III: Position/Budge					7					
Recommended by Superv		nent Head		Date	•	Approved by Dean			Date	
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Approved by Division Chair Date Date						Approved by Vice President Date				
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Approved by Cabinet Level Supervisor Date Reviewed by Havian Researce Date Date										
Budget Approval			-	Date		Approved by Presi	t A A	May 00	Date	
BAKOCI	O~~		05/	GAAC		49	1 de	aled 1	-12- 7	
	equisition l	Number F 200	5 0020		_	cong	14 411	Revised May	7-20	

Vice Pro-Newt of Luckustion
Date: 5 1 20 miles. Th