

## **Personnel Action Form**

Franco, Sean   State   City   State   Zip						Human Resources	
Part I: Check all that apply  Classification:    Administrative/Professional Staff   Extension   Salary Adjustment   Salary Ad	Banner ID #	Last Name Franco, Sean	First	Middle Ini	tial	Telephone	
Classification:  Administrative/Professional Staff   Setention   S	Address			City		State Zip	
Start Date:	Part I: Check all that apply	<del></del>					
Saratily   Support Staff   Salay Adjustment   Sa	Classification: New Employee			Other (ex	xplain)		
Salary Adjustment   Separation (date:   Sepa		Staff Exter	Extension				
Part II. Assignment/Accounting   Number of months/weeks below notes how the position is funded; it does not guarantee comployment stains for a person. All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCIC Policias and Procedures.	Support Staff		ry Adjustment				
All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCIC Policies and Procedures.  Support Staff employees are at-will employees.  CURRENT Division/Unit:  Job Vacancy No.: (if applicable)  Specialized Area:  Budgeted Position?			ration (date:)		×		
All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCIC Policies and Procedures.  Support Staff employees are at-will employees.  CURRENT Division/Unit:  Job Vacancy No.: (if applicable)  Specialized Area:  Budgeted Position?	Part II: Assignment/Accounting Number of months/weeks below notes how the position is funded; it does not guarantee employment status for a person						
Job Vacancy No.: (if applicable)	All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures.						
Budgeted Position:   Specialized Area:	Support Staff employees are at-will employees.						
Budget Position?	CURRENT Division/Unit:				Job Vacancy N	o.: (if applicable)	
Budget Number:    Position No. (NBAPOSN):	Job Title/Position:				Specialized Ar	ea:	
Budget Number:  Compensation: S Annual Sched Hourly Grade Step Per contract  Fosition No. (NBAPOSN):  Compensation: Start Date:  End Date:  End Date:  End Date:  End Date:  Fosition is funded for the following number of months/weeks: Per contract  Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition is funded for the following number of months/weeks: Fosition No. (NBAPOSN): Fositi					Specialized ? It ca.		
Compensation:  Start Date:  Compensation:  Start Date:  End Date:  End Date:  Start Date:  End Date:  Cother (explain)  Step  At-will-employee Per contract  At-will-employee Step  Annual Step Step Step  Annual Step Step Step Step Step Step Step Step					Funded in which FY?		
Start Date:    Second Position is funded for the following number of months/weeks:   Other (explain)   Step	Budget Number:			***	Position No. (NBAPOSN):		
Start Date:    Start Date:   End Date:   Start Date:   Sta	Compensation:	O Annual	Sched		Hourly Rate: (I	Part-time only)	
Start Date: End Date: Step Sat-will-employee Per contract If temporary, anticipated termination date:  Position is funded for the following number of months/weeks:  9 months 0 10 ½ months 0 12 months 0 Other (specify)  PROPOSED Division/Unit: Vocational Science 1707 F 048  Job Tritle/Position: Specialized Area: Welding  Budgeted Position? 9 Yes No Name of Replaced Employee: Matthew Bakus Funded in which FY? FY18  Budget Number: 1110-14059-6091-102  Compensation: Annual Sched FAC Hourly Rate: (Part-time only) Since Per year  Start Date: 08/21/17  Position is funded for the following number of months/weeks: Per contract 07/06/18  Other (specify)	¢	1 =	Grade		\$per h:	r x hrs/wk x wks =	
Position is funded for the following number of months/weeks:  9 months 0 10 ½ months 12 months 0 Other (specify)  PROPOSED Division/Unit: Vocational Science 1707 F 048  Job Title/Position: Temporary Full Time Instructor of Welding Welding  Budgeted Position? 9 Yes 0 No Name of Replaced Employee: Matthew Bakus Funded in which FY? FY18  Budget Number: 1110-14059-6091-102  Compensation: 9 Annual Sched FAC Hourly Rate: (Part-time only) S. N/A per hr x hrs/wk x wks = Step 0  Start Date: 08/21/17  Position is funded for the following number of months/weeks: 9 months 0 10 ½ months 0 12 months 0 Other (specify)		The section of the se	<del></del>		\$ per	year	
PROPOSED Division/Unit:  Vocational Science  Job Vacancy No: (if applicable) 1707 F 048  Specialized Area: Welding  Budgeted Position?	Start Date:	End Date:			If temporary, a	nticipated termination date:	
Vocational Science  Job Title/Position: Temporary Full Time Instructor of Welding  Budgeted Position?	Position is funded for the following number of months/weeks:  9 months 0 10 ½ months 0 12 months 0 Other (specify)						
Temporary Full Time Instructor of Welding  Budgeted Position?	PROPOSED Division/Unit: Vocational Science						
Budget Number: 1110-14059-6091-102  Compensation: Annual Sched FAC Hourly Rate: (Part-time only) \$ 44,050  Start Date: 08/21/17  Position No. (NBAPOSN): WELO1T  Hourly Rate: (Part-time only) \$ N/A per hr x hrs/wk x wks = seper year  C At-will-employee Per contract  Position No. (NBAPOSN): WELO1T  Annual Sched FAC Hourly Rate: (Part-time only) \$ N/A per hr x hrs/wk x per year  C At-will-employee Per contract  O7/06/18  Position No. (NBAPOSN): WELO1T  O7/06/18	Temporary Full Time Instructor of Welding					ea:	
Compensation: \$ 44,050  Start Date:  08/21/17  Position is funded for the following number of months/weeks:  9 months  0 10 ½ months  0 12 months  Other (specify)  Position in Ro. (NBAPOSN): WELO1T  Hourly Rate: (Part-time only)  \$ N/A per hr x hrs/wk x wks =   \$ per year  If temporary, anticipated termination date:  07/06/18					10 STATE OF		
Compensation: \$ 44,050  Sched FAC Hourly Rate: (Part-time only)  \$ N/A per hr x hrs/wk x wks =   Step 0  Annual Other (explain)  Sched FAC Step 0  Annual Other (explain)  Sched 1 Step 0  Annual Other (explain)  Sched FAC Step 0  Annual Other (part-time only)  Annual Step 1 Step 0  Annual Other (part-time only)  Annual Step 1 Step 0  Annual Other (part-time only)  Annual Step 1 Step 0  Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Annual Step 1 Step 0 Step 0 Step 0 Annual Step 1 Step 0 Step	Budget Number: 1110-1405	9-6091-102			Position No. (N	NBAPOSN): WELO1T	
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9 months 0 10 ½ months 0 12 months O Other (specify)	08/21/17			and the second of the		nticipated termination date:	
Part III: Position/Budget Authorization  Recommended by Supervisor/Department Head Date Approved by Dean Date				1. 1. 5			
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Dure: 2017 05:10 66:05-44 - 05107 171-05-05-05-05-05-05-05-05-05-05-05-05-05-	Dail: 2017. DS 10 08:05-44 - 05'007			Wiegan Costrar ow/Co. curricostene transfero.			
Date 1	Timothy Cruin Deplately signed by Timothy Guin				esident .	Date	
Timothy Guin  Deltar Timothy Guin Chair, our VOCS, amail regular@eqc. redu. crus  Dence: 2017.08 10 07-45-43-45-00*							
Approved by Cabinet Level Supervisor  Date  Reviewed Human Resources  Date	Date Date						
Budget Approval Date Approved by President Date	Budget Approval		Date	Approved by Presiden	411	- VOIIUII	
B.O. Kocia 8/14/17 But 1. The Cule 8-16-12	B. Othocir		8/14/17	1	171		
Reg. 821 HR Requisition Number 1708 0048 Revised May 29, 2014							