

Personnel Action Form

Banner ID #	Last Name	F	irst		Middle Ini	tial	Telephone	nan Resources	
Davis, Sandra ddress					City		State Zip		
Part I: Check all that apply									
Classification:	Other (e.	(explain)							
Administrative/Professional Staff Faculty Support Staff		☐ Extension ✓ Salary Adjustment			Salary adjustment per BOT approval 10/15/24.				
Temporary Full-7 Regular Part-7	Separation (date:)								
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: Allied Health/Vocational Instruction						Job Vacancy No.: (if applicable) N/A			
Job Title/Position: Instructor of Associate Degree Nursing						Specialized Area: Associate Degree Nursing			
Budgeted Position?						Funded in which FY? 25			
Budget Number: 1110-14181-6091-102						Position No. (NBAPOSN): ADNO05			
Compensation: \$ 90,069	Annual Hourly	Grade 1	Grade 1			Hourly Rate: (Part-time only) \$\frac{N/A}{N/A} \text{per hr x} \frac{N/A}{N/A} \text{hrs/wk x} \frac{N/A}{N/A} \text{wks} = \$\frac{N/A}{N/A} \text{per year}			
Start Date: 01/13/14	End Date: N/A				mployee act	If temporary, anticipated termination date: N/A			
Position is funded for the following number of months/weeks:									
PROPOSED Division/Unit: Other (specify) Job Vacancy No.: (if applicable)									
Allied Health/Vocational Instruction						n/a			
Job Title/Position: Instructor of Associate Degree Nursing						Specialized Area: Associate Degree Nursing			
Budgeted Position? OYes Name of Replaced Employee: n/a						Funded in which FY? 25			
Budget Number: 1110-14181-6091-102						Position No. (NBAPOSN): ADNO05			
Compensation: \$ 96,736	Mourly	Sched FAC Grade 1				Hourly Rate: (Part-time only) \$\frac{N/A}{per \text{ per hr x \frac{N/A}{n} \text{ hrs/wk x \frac{N/A}{n} \text{ wks}}} = \frac{\text{N/A}}{\text{N/A} \text{ per vear}} \text{ wks} = \frac{\text{N/A}}{\text{N/A}} \text{ wks} = \text{			
Start Date: 11/01/2024	Other (exp	i A		At-will-e	mployee	If temporary, anticipated termination date:			
Position is funded for the following number of months/weeks:									
9 months 10 ½ months 12 months O Other (specify) Explanation of Action:									
Salary Increase.							N .		
Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Approved by Dean Date									
Carol Derkowski Date: 2024.10.18 10:37:52 -05'00'								Date	
Approved by Division Chair Date Approved by Carol Dorkovacki Digitally signed by Carol Derkowski Laigh A									
Carol Derkowski Approved by Cabinet Level Supervisor Digitally signed by Carol Derkowski Date: 2024.10.18 10:37:43 -05'00' Date Reviewed by Human Resources Date Reviewed by Human Resources Date									
Budget Approved Lity a: Me Crohan Date					Approved by President Date Date Dity Macrocke 10/33/24				
Reg. 821 HR Requisition	Number 2	416 009	57		7		Revised	May 29, 2014	