

**Personnel Action Form**

Human Resources

Banner ID # @ /	Last Name Villa, Paul E.	First	Middle Initial	Telephone
Address		City		State Zip

**Part I: Check all that apply**

Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input checked="" type="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time		

**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.

<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: \$ <input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) Sched _____ Grade _____ Step _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: _____ End Date: _____ <input type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date:
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

<b>PROPOSED</b> Division/Unit: Social and Behavioral Science	Job Vacancy No.: (if applicable) 2210 F 059
Job Title/Position: Instructor of History	Specialized Area: History
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Connie Bibus
Budget Number: 1110-14701-6091-100 20%, 1610-14701-6091-100 40%, 1210-14701-6091-100 40%	Funded in which FY? FY23
Compensation: \$ 49,550 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) Sched FAC _____ Grade 1 _____ Step 7 _____	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 08/21/23 <input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: n/a
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

<b>Part III: Position/Budget Authorization</b>	
Recommended by Supervisor/Department Head Kenneth Grubb Digitally signed by Kenneth Grubb Date: 2023.04.27 18:55:47 -05'00'	Approved by Dean _____ Date
Approved by Division Chair Amanda Shelton Digitally signed by Amanda Shelton Date: 2023.04.28 08:14:17 -05'00'	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2023.04.28 08:49:46 -05'00'
Approved by Cabinet Level Supervisor _____ Date	Reviewed by Human Resources _____ Date
Budget Approval B. R. Kocian Date: 05/23/2023	Approved by President _____ Date