

**Personnel Action Form**  
Human Resources

Banner ID # @	Last Name Cirsovius, Ruediger T.	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"/> Full-Time <input checked="" type="radio"/> Regular <input type="radio"/> Part-Time	<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
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**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:  
☐ 9 months    ☐ 10 ½ months    ☐ 12 months    ☐ Other (specify)

<b>PROPOSED</b> Division/Unit: Social and Behavioral Science			Job Vacancy No.: (if applicable) 2211 F 068
Job Title/Position: Instructor of History			Specialized Area: History
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Joy Wind		Funded in which FY? FY23
Budget Number: 1110-14701-6091-100			Position No. (NBAPOSN): HIS007
Compensation: \$ 54,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 4A Step 10	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 type="radio"/> Per contract	If temporary, anticipated termination date: n/a

Position is funded for the following number of months/weeks:  
☒ 9 months    ☐ 10 ½ months    ☐ 12 months    ☐ Other (specify)

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Kenneth Grubb</b> <small>Digitally signed by Kenneth Grubb Date: 2023.04.18 09:01:08 -05'00'</small>	Approved by Dean  
Approved by Division Chair <b>Amanda Shelton</b> <small>Digitally signed by Amanda Shelton Date: 2023.04.17 14:52:42 -05'00'</small>	Approved by Vice President <b>Leigh Ann Collins</b> <small>Digitally signed by Leigh Ann Collins Date: 2023.04.14 12:04:39 -05'00'</small>
Approved by Cabinet Level Supervisor  	Reviewed by Human Resources <i>Rachel Doherty</i> 04/21/23
Budget Approval <i>B. B. Kocian</i> 04/21/2023	Approved by President <i>Betsy A. McCreake</i> 4/24/23