

Personnel Action Form

Human Resources Banner ID# Last Name First Middle Initial Telephone Guerra Shayna E Address City State Zip Part I: Check all that apply Classification: New Employee Other (explain) Administrative/Professional Staff **Extension** Faculty Support Support Staff Salary Adjustment Full-Time Temporary Separation (date:_ Regular 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. CURRENT Division/Unit: Job Vacancy No.: (if applicable) **TRiO Student Support Services Grant** 1901 A 003 Job Title/Position: Specialized Area: TRIO SSS Advisor/Coordinator TRiO Grant Budgeted Position? Yes No Funded in which FY? FY20 Budget Number: Position No. (NBAPOSN): GNC12T 21174-6055-6113-400 Compensation: Annual Sched GNT Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = O Hourly Grade 01 s 59,406 Other (explain) S N/A per year Step Start Date: Fnd Date: At-will-employee
Per contract If temporary, anticipated termination date: 08/31/20 08/31/20 Position is funded for the following number of months/weeks: O 9 months O 10 % months O 12 months O Other (specify) PROPOSED Division/Unit: Job Vacancy No.: (if applicable) TRiO Student Support Services Grant 1901 A 003 Job Title/Position: Specialized Area: TRiO SSS Success Advisor/Coordinator TRiO Grant Funded in which FY? FY21 Budget Number: Position No. (NBAPOSN): GNC12T 21175-6055-6186-400 Compensation: Annual Sched GNT Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = ☐ Hourly Grade 01 s 59,406 \$ N/A per year Other (explain) Step At-will-employee Start Date: If temporary, anticipated termination date: 09/01/20 Per contract 08/31/2021 Position is funded for the following number of months/weeks: O 9 months O 10 1/2 months O Other (specify) Explanation of Action: Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Approved by Dean Date Jessica Falcon Approved by Division Chair Dir. of Brants Date Approved by Vice President Date 8-31-20 Approved by Cabinet Level Supervisor Date **Budget Approval** Date HR Requisition Number