

**Personnel Action Form**  
Human Resources

Banner ID # @	Last Name Davis, Sandra	First Sandra	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 type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" 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: Allied Health		Job Vacancy No.: (if applicable) 1312-F-097	
Job Title/Position: Instructor of Associate Degree Nursing		Specialized Area: Nursing	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No		Funded in which FY? FY17	
Budget Number: 1110.14181.6091.102		Position No. (NBAPOSN): ADN010	
Compensation: \$ 57,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 26	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-22-2016	End Date: NA	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: NA

Position is funded for the following number of months/weeks:  
☒ 9 months    ☐ 10 1/2 months    ☐ 12 months    ☐ Other (specify)

<b>PROPOSED</b> Division/Unit: ALLIED HEALTH		Job Vacancy No.: (if applicable) 1312-F-097	
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING		Specialized Area: NURSING	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: NA	Funded in which FY? FY18	
Budget Number: 1110.14181.6091.102		Position No. (NBAPOSN): ADN010	
Compensation: \$ 57,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 27	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-21-2017		<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date:

Position is funded for the following number of months/weeks:  
☒ 9 months    ☐ 10 1/2 months    ☐ 12 months    ☐ Other (specify)

Explanation of Action:  
 ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN DN: cn=Andrea Shropshire, O=WCJC, ou=Wharton County Junior College, ou=Associate Degree Nursing, email=ashropshire@wcjc.edu, c=US Date: 2017.07.17 09:36:42 -0500</small>	Date	Approved by Dean	Date
Approved by Division Chair Carol J. Derkowski <small>Digitally signed by Carol J. Derkowski Date: 2017.07.19 13:31:12 -0500</small>	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>Kuffner</i> 7-31-17	Date
Budget Approval <i>B. Derkowski</i> 7/31/17	Date	Approved by President <i>Betty L. McLeish</i> 7-31-17	Date