

Personnel Action Form

Banner ID #	Last Name Gilmore, Tore	First y J		Middle I	nitial	Telenhone	
Address			City			State Zip	
Part I: Check all that app	ply	a Matangan A Marin					
Classification: Administrative/Professional Staff Faculty Support Staff Temporary Full-Time		✓ New Employee ☐ Extension ☐ Salary Adjustment ☐ Separation (date:)		Other (explain)			
	Part-Time	r litter sede v A sed Children		3	Leader Fage 12		
All Administrative/Professi Support Staff employees an	onal and Faculty (Contract) c at-will employees.	weeks below notes ho and Support Staff (No	w the position is f on-Contract) empl	unded; it does oyees are emp	not guarantee em loyed secording t	ployment status for a person. o WCJC Policies and Procedures.	
CURRENT Division/Unit:					Job Vacancy No.: (if applicable)		
Job Title/Position:					Specialized Area:		
Budgeted Position? O Yes O No					Funded in which FY?		
Budget Number:					Position No. (NBAPOSN):		
Compensation:	Annual Hourly Other (exp	Grade	d		Hourly Rate: (Part-time only) \$per hr xhrs/wk xwks = \$per year		
Start Date:	End Date:	lain) Step	At-will-employee Per contract		If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O Other (specify) PROPOSED Division Unit: Student Success Job Title/Position:					Job Vacancy No.: (if applicable) 2211 F 070 Specialized Area;		
Counselor					Counseling & Disability Services		
Budgeted Position?					Funded in which FY? FY23		
1210-14101-6093-503					Position No. (NBAPOSN): COU002		
s 68,068	O Annual O Hourly Other (expl	Sched F			Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks \$ n/a per year		
Stan Date: 02/22/23				employee ract	If temporary, anticipated termination date:		
Position is funded for the for O 9 months O 10 Explanation of Action:	llowing number of months/s 1/2 months 12 months		pecify)				
Part III: Position/Budget A	Authorization		* 1				
Recommended by Superviso	r/Department Head		Date Appro	ged by Dean) Date	
Amber Barbee District Sender S				Approved by Vice President Date			
Approved by Cabinet Level Supervisor Date				Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2023.02.13 10:18:14 -06'00' Reviewed by Human Resources Date			
			Kerie	oy Humar	e avenualite's	Date	
Budget Approval B. Execusion		10/10/	Date Appro	Betty	a. m	Date 2-13-23	

Revised May 29, 2014