

Personnel Action Form

Human Resources

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|------------------|-----------------------------------|--------------------|----------------|-----------|
| Banner ID # @ | Last Name Hernandez, Ann Marie | First Ann Marie | Middle Initial | Telephone |
| Address | | City | | State Zip |

Part I: Check all that apply

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|--|---|--|
| 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="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> 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.

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| CURRENT 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 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify) | |

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| PROPOSED Division/Unit: Allied Health / Instruction | Job Vacancy No.: (if applicable) 2307 F 033 |
| Job Title/Position: Instructor of Vocational Nursing | Specialized Area: Vocational Nursing |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No | Name of Replaced Employee: Lindsey Murrile Hawkins |
| Funded in which FY? FY24 | |
| Budget Number: 1110-14184-6091-102 | Position No. (NBAPOSN): LVN003 |
| Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) | Sched FAC _____ Grade 1 _____ Step 10 _____ |
| \$ 69,402 | Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year |
| Start Date: 01/08/24 | <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 type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify) | |

Explanation of Action:

Part III: Position/Budget Authorization

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| Recommended by Supervisor/Department Head Kayla Drabek <small>Digitally signed by Kayla Drabek DN: cn=Kayla Drabek, o=Wharton County Junior College, ou=Director, email=kdrabek@wcjc.edu, c=US Date: 2023.10.31 14:27:19 -0500</small> | Date Approved by Dean Date |
| Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2023.11.14 07:43:28 -06'00'</small> | Date Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2023.11.14 08:06:56 -06'00'</small> |
| Approved by Cabinet Level Supervisor Date | Reviewed by Human Resources Date |
| Budget Approval B. D. Keenan Date 11/14/2023 | Approved by President Bobby A. McCracken Date 11-15-23 |