

Personnel Action Form Human Resources

Banner ID #	Last Name Lippolis	First Nicole	Middle In	tial Telephone
Adress			City	State Zip
Part I: Check all that apply	· · · · · · · · · · · · · · · · · · ·			
Classification: Administrative/Professional S Faculty Support Staff Temporary Regular Part-T	Staff I	New Employee Extension Salary Adjustment Separation (date:	Other (6	xplain)
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 e CURRENT Division/Unit:	mployees.			Job Vacancy No.: (if applicable)
271 Blow one		_		,
Job Title/Position:				Specialized Area:
Budgeted Position? O Yes O No				Funded in which FY?
Budget Number:				Position No. (NBAPOSN):
Compensation:	O Annual	Sched _		Hourly Rate: (Part-time only)
\$	Hourly	Grade _		\$ per hr x hrs/wk x wks = \$ per year
Start Date:	Other (explain) End Date:	Step _	At-will-employee	If temporary, anticipated termination date:
<u>-</u>	<u> </u>		Per contract	a disposary, and operate termination date.
Position is funded for the following number of months/weeks: O 9 months 10 ½ months 12 months O Other (specify)				
	ths U 12 months	Other (spe	си у)	
PROPOSED Division/Unit: Life and Physical Sciences				Job Vacancy No.: (if applicable) 1611 F 053
Job Title/Position: Instructor of Chemistry				Specialized Area: Chemistry
Budgeted Position? • Yes • No	Name of Replaced Er	^{nployee} : Sean (Collins	Funded in which FY? FY17
Budget Number: 1110-14302	-6091-100 (70%) 1510-1430	2-6091-100 (30%)	Position No. (NBAPOSN): CHM005
Compensation:	Annual Annual	Sched F		Hourly Rate: (Part-time only)
s 49,050	Hourly Other (explain)	Grade 1		\$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 00/04/0047	Other (explain)		At-will-employee	If temporary, anticipated termination date:
08/21/2017			Per contract	n/a
Position is funded for the following number of months/weeks: © 9 months 10 1/2 months 12 months Other (specify)				
Explanation of Action:				
Explanation of Action.				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Departs		Dat	e Approved by Dean	Date
Kelley Whitley Digitally shipped by fidingly Whitely Determined Shape of the Control of the Con				
Approved by Division Chair	Departy signed by Kevin Dees	Dat	Approved by Vice Pr	esident Date
Kevin Dees Approved by Cabinet Level Supervisor	Digitally signed by Keylin Deer: DN: ch=Newlin Deer: ch=Newlin County i enter beyind@expc.edu; chilit Date: 2017.03.21 14:53:09-05100		<u> </u>	3123117
Approved by Cabillet Level Supervisor	n	Dat	Reviewed Human	Personal P (13/28/17
Budget Approval		Dat	e Approved by Freside	Date
13. Difecca		3/28/1	7 Setty	2-Matureton 4-3-17
Reg. 821 HR Requisition	Number F 170	3000		Revised May 29, 2014
				Tosideni of Instruction

Vical Projection of Instruction Date: 3 2 1 7 asked T