

Personnel Action Form Human Resources

| Address City State Zip Part I: Check all that apply Classification: | Banner ID # | Last Name Reddoch, Tommie Lynn | First | Middle Ini | | Telephone | |
|--|---|--|-----------------------------|--------------|----------------|---|--|
| Classification: Administrative/Professional Staff | Address | | | Cit | у | State Zip | |
| Paculty Part-Time Salary Adjustment School fact Part-Time Separation (date: | Part I: Check all that apply | | | | | | |
| 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 WCIC Policies and Procedures. Support Staff employees are at-will employees. CURRENT Division/Unit: Job Vacancey No.: (if applicable) Specialized Area: Specialized Area: Specialized Area: Specialized Area: Position No. (NBAPOSN): Compensation: Annual Sched Budget Number: Compensation: Annual Other (explain) Step Start Date: Budgeted for the following number of months/weeks: Annual Other (specify) PROPOSED Division/Unit: Job Vacancey No.: (if applicable) Start Date: Budgeted for the following number of months/weeks: Annual Other (specify) PROPOSED Division/Unit: Job Vacancey No.: (if applicable) Annual Job Vacancey No.: (if applicable) Job Vacancey No.: (if applicable) Job Vacancey No.: (if applicable) Proposed Area: Associate Degree Nursing Specialized Area: Associate Degree Nursing Instructor of Associate Degree Nursing Budgeted Position? Annual Sched Annual Sched Associate Degree Nursing Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): Annual Absociate Degree Nursing Associate Degree Nursing | Administrative/Professional Faculty Support Staff | Staff Extensi | Extension Salary Adjustment | | Other (explain | | |
| All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employeed according to WCIC Policies and Procedures. Support Staff employees are devill employees. CURRENT Division/Unit: Job Vacaney No.: (if applicable) Specialized Ares: Specialized Ares: Position No. (NBAPOSN): Compensation: Staff Date: Budget Number: Compensation: Annual Sched Hourly Rate: (Part-time only) Specialized termination date: Position is funded for the following number of months/weeks: Smooths Thic/Position: Specialized Ares: Annual Sched Hourly Rate: (Part-time only) Specialized termination date: Prosition is funded for the following number of months/weeks: Smooths Specialized Ares: Associate Degree Nursing Budget Position? Name of Replaced Employee: LaToya Fletcher Punded in which FY? Position is funded for the following number of months/weeks: Specialized Ares: Associate Degree Nursing Budget Position? Specialized Ares: Associate Degree Nursing Budget Position No. (NBAPOSN): ADNOO2 Compensation: Specialized Ares: Associate Degree Nursing Budget Position No. (NBAPOSN): ADNOO2 Position No. (NBAPOSN): ADNOO2 Finded in which FY? Fy25 Budget Nursing Associate Degree Nursing Budget Nursing Associate Degree Fire Contract Associate Degree Fire Con | | | | | | | |
| Specialized Area: Specialized Area: | 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. | | | | | | |
| Budget Position? Yes No Punded in which FY? | CURRENT Division/Unit: | | | | | vacancy No.: (if applicable) | |
| Budget Number: Position No. (NBAFOSN): | Job Title/Position: | | | | | cialized Area: | |
| Compensation: Annual Hourly Grade Super hr x hrs/wk x wks = | Budgeted Position? Yes No | | | | | ded in which FY? | |
| Start Date: Start Date: | Budget Number: | | | | Posi | tion No. (NBAPOSN): | |
| Start Date: End Date: | | Hourly | Grade _ | | \$_ | per hr x hrs/wk x wks = | |
| Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O 12 months O 12 months O 10 ½ months O 10 2 | Start Date: | | Step _ | | | | |
| Allied Health / Instruction Job Title/Position: Instructor of Associate Degree Nursing Budgeted Position? | | | | | | | |
| Instructor of Associate Degree Nursing Budgeted Position? | Allied Health / Instruction | | | | | | |
| Budget Number: 1110-14181-6091-102 Compensation: Annual Sched FAC Grade 1 Step 30 Start Date: 08/18/25 Position is funded for the following number of months/weeks: Per contract Position is funded for the following number of months/weeks: Per contract Position is funded for the following number of months/weeks: Per contract Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Sandra Davis Date: 2025.06.03 11:26:07 -05'00; Approved by Division Chair Carol J. Derkowski, RDH, MAIE Date: 2025.06.03 09:33:46 -05'00; Date: Carol J. Derkowski, RDH, MAIE Date: 2025.06.03 09:33:46 -05'00; Date: Reviewed by Humap Resources Date Carlos Date Date Date Date Date Date Date Date | Job Title/Position: Instructor of Associate Degree Nursing | | | | | | |
| Compensation: \$63,550 Hourly Grade Step 1 Step 30 Step 30 Step 30 Step 30 Step 30 Step 30 Step Step 30 Step 30 Step 30 Step Step 30 Step Step | Budgeted Position? | | | | | | |
| \$ 63,550 Hourly Other (explain) Start Date: 08/18/25 Start Date: 08/18/25 Position is funded for the following number of months/weeks: Per contract 9 months 0 10 ½ months 12 months 0 12 months Other (specify) Explanation of Action: Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Digitally signed by Sandra Davis Date: 2025.06.03 11:26:07 -05:00¹ Approved by Division Chair Date Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.06.03 09:33:46-05:00¹ Approved by Cabinet Level Supervisor Date Reviews by Human/Resources Date Reviews by Human/Resources Date Reviews by Human/Resources Date Reviews by Human/Resources Date Date Date Reviews by Human/Resources Date Date | Budget Number: 1110-14181-6091-102 | | | | | tion No. (NBAPOSN): ADNO02 | |
| Start Date: 08/18/25 Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months 0 Other (specify) Explanation of Action: Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Sandra Davis Digitally signed by Sandra Davis Date: 2025.06.03 11:26:07 -05'00' Approved by Division Chair Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.06.03 09:33:46-05'00' Approved by Cabinet Level Supervisor Date Reviewed by Human Resources If temporary, anticipated termination date: n/a If temporary, anticipated termination date: n/a Approved by Dean Approved by Dean Approved by Dean Approved by Dean Date Leigh Ann Collins Digitally signed by Leigh Ann Collins Date; 2025.06.03 14:39:53 -05'00' Date Per contract If temporary, anticipated termination date: n/a Reviewed by Dean Approved by Dean Approved by Dean Approved by Vice President Date Leigh Ann Collins Date; 2025.06.03 14:39:53 -05'00' Date; 2025.06.03 14:39:53 -05'00' Date; 2025.06.03 14:39:53 -05'00' Date | - | Hourly | Grade 1 | | \$ <u>n</u> | a per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = | |
| Explanation of Action: Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Sandra Davis Digitally signed by Sandra Davis Date: 2025.06.03 11:26:07 -05'00' Approved by Division Chair Date Carol J. Derkowski, RDH, MAIE Date: 2025.06.03 09:33:46 -05'00' Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date Reviewed by Human Resources Date Reviewed by Human Resources Date | Start Date: 08/18/25 | Complain) | Step _ | | | mporary, anticipated termination date: | |
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| Sandra Davis Digitally signed by Sandra Davis Date: 2025.06.03 11:26:07 -05'00' Approved by Division Chair Carol J. Derkowski, RDH, MAIE Date: 2025.06.03 09:33:46 -05'00' Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Digitally signed by Leigh Ann Collins Date: 2025.06.03 09:33:46 -05'00' Date Reviewed by Human Resources Date Date Digitally signed by Leigh Ann Collins Date; 2025.06.03 14:39:53 -05'00' Date | | | | | | | |
| Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.06.03 09:33:46 -05'00' Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date Date Date | Sandra Davis | Digitally signed by Sandr | a Davis 07 -05'00' | | | | |
| Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date Date Date Date Date | | ام التِّ Digitally signed by Carol J. De | | | - | | |
| Budget Approval Buty a. Me Crohan Date Approved by President Date Date | | Date: 2025.06.03 09:33:46 -05 | 5'00' | Loigi | | 2019 2020:00:00 11:00:00 00:00 | |
| | Rudget Approval Buty a. | Me Crohan | 6/4/25 | ate Approved | by President | recede 6-J. 20 | |