



**Personnel Action Form**  
Human Resources

Banner ID # @	Last Name Reddoch, Tommie Lynn	First Tommie	Middle Initial Lynn	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"/> 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 type="radio"/> Full-Time <input checked="" 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.

<b>CURRENT</b> 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 checked="" 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 checked="" 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:  
☐ 9 months ☐ 10 ½ months ☐ 12 months ☐ Other (specify)

<b>PROPOSED</b> Division/Unit: Allied Health / Instruction			Job Vacancy No.: (if applicable) 2407 F 021
Job Title/Position: Instructor of Associate Degree Nursing			Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: LaToya Fletcher		Funded in which FY? FY25
Budget Number: 1110-14181-6091-102			Position No. (NBAPOSN): ADN002
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 30	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 08/18/25		<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract	If temporary, anticipated termination date: n/a

Position is funded for the following number of months/weeks:  
☒ 9 months ☐ 10 ½ months ☐ 12 months ☐ Other (specify)

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Sandra Davis</b> Digitally signed by Sandra Davis Date: 2025.06.03 11:26:07 -05'00'	Approved by Dean Date
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 Vice President <b>Leigh Ann Collins</b> Digitally signed by Leigh Ann Collins Date: 2025.06.03 14:39:53 -05'00'
Approved by Cabinet Level Supervisor Date	Reviewed by Human Resources <b>Rachel Ahnson</b> 6/5/25 Date
Budget Approval <b>BK</b> <b>Betty A. McCreesh</b> Date 6/4/25	Approved by President <b>Betty McCreesh</b> 6-5-25 Date