

Personnel Action Form

					Human Resources	
Banner ID # - @	Last Name Lindsey, Shawna	First	Middle In	itial	Telephone	
Address . City			City		State Zip	
Part I: Check all that apply						
Classification:						
Administrative/Professional Staff		Extension				
Faculty Support Staff		Salary Adjustment				
Temporary Full-Time		Separation (date:)				
Regular Part-	1 ime					
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.						
CURRENT Division/Unit:				Job Vacancy No.: (if applicable)		
Job Title/Position:				C		
Job Huerosition:				Specialized Area:		
Budgeted Position? Yes No				Funded in which FY?		
Budget Number:				Position No. (NBAPOSN):		
Compensation:	(Annual	Sched		Hourly Rate: (Part-time only)	
	O Hourly	Grade			r x hrs/wk x wks =	
\$	Other (explain)	Step		\$ per	year	
Start Date:	End Date:	End Date: At-will-employee			If temporary, anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 10½ months Other (specify)						
PROPOSED Division/Unit: Allied Health / Instruction				Job Vacancy No.: (if applicable) 2305 F 022		
Job Title/Position: Specialized Area:						
Instructor of Vocational Nursing Vocational Nursing						
Budgeted Position?				Funded in which FY? FY23		
Budget Number: 1110-14184-6091-102 Position No. (NBAPOSN): LVN002						
Compensation:	Annual	Sched FAC	_	Hourly Rate: (Part-time only)	
60,000	O Hourly	Grade 1		\$ n/a per h	$\operatorname{tr} x \operatorname{\underline{n/a}} \operatorname{hrs/wk} x \operatorname{\underline{n/a}} \operatorname{wks} =$	
\$ 68,068	Other (explain)	Step 10		\$ n/a per	year	
Start Date: 08/21/23			At-will-employee Per contract	If temporary, a	anticipated termination date:	
Position is funded for the following number of months/weeks:						
9 months 10 ½ months 12 months 12 months 12 months 15 Other (specify)						
Explanation of Action:						
Part III: Position/Budget Authorization						
Recommended by Supervisor/Department Head Date Approved by Dean					Date	
Kayla Drabek Digitally (good by Knight Driebsk, or Williams) Digitally (good						
Approved by Division Chair Date Approved by Vice I Digitally signed by Carol Derkowski Digitally signed by Carol Derkowski Digitally signed by Carol Derkowski					Date	
Carol Derkowski Date: 2023.07.17 17:06:58 -05'00' Leight Anni					Digitally signed by Leigh Ann Collins Date: 2023.07.18 07:40:37 -05'00'	
Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date						
Jacked & han 1/18/22						
Budget Approval		Date	Approved by President		Date	
BEKMINI	V	allahar		a. Mese	ef) 7-18-23	
Reg. 821 HR Requisition	on Number 2307	0039	1 (1xetty	y. ores	Parisal N 00 0014	
Reg. 821 HR Requisition	II INUINDEL . 2007		,		Revised May 29, 2014	