

Personnel Action Form Human Resources

Banner ID #	Last Name First Shropshire, Andrea			Middle Initial		Telenhone	illian Resources		
Address					City			State Zip	
Part I: Check all that apply									
Classification: Administrative/Professional S Faculty Support Staff Temporary Full-T	Staff	New Employee Extension Salary Adjustment Control of the control				Other (explain)			
Regular Part-T		Separation (date:)							
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; Allied Health / Vocational Instruction Job Vacancy No.: (if applicable) n/a									
Job Title/Position:							Specialized Area:		
Instructor of Associate Degree Nursing Budgeted Position? Yes No							Associate Degree Nursing		
Dudast Manulani							Funded in which FY? FY23		
1110-14181-6091-102							Position No. (NBAPOSN): ADNO10		
Compensation: \$ 79,973	Annual Sched FAC Hourly Grade 7 Other (explain) Step 32						Hourly Rate: (Part-time only) \$n/a per hr xn/a hrs/wk xn/a wks = \$n/a per year		
Start Date: 08/22/23				t-will-employee If temporary n/a			, anticipated termination date:		
Position is funded for the following number of months/weeks: 9 months 10 ½ months Other (specify)									
PROPOSED Division/Unit: Allied Health / Vocational Instruction							Job Vacancy No.: (if applicable) n/a		
Job Title/Position: Instructor of Associate Degree Nursing							Specialized Area: Associate Degree Nursing		
Budgeted Position?							Funded in which FY? FY24		
Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADNO10)N010
Compensation:	Annual Hourly	Sched FAC Grade 7					Hourly Rate: (Part-time only) \$\frac{n/a}{2} \text{per hr x } \frac{n/a}{2} \text{hrs/wk x } \frac{n/a}{2} \text{wks} =		
\$ 82,306	Other (explain)		Step 34 At-will-employee				\$ n/a per year		
Start Date: 08/21/23		Per cont			ct	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: Adjustment for longevity as agreed upon during the January 2015 BOT meeting.									
Part III: Position/Budget Authorization									
Recommended by Supervisor/Department Head Date Sandra Davis Digitally signed by Sandra Davis Date: 2023.09.20 13:43:21 -05'00' Date									
Approved by Division Chair Date Approved by Vice President Date									
Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2023.09.13 15:27:38 -05'00' Approved by Cabinet Level Supervisor Date Reviewed by Human Resources									
Approved by Cabinet Level Supervis	or		Da	ite				nsin	9 Date / 25/23
Budget Approval)	09/	/25/2	ite DI3	Approv	ed by Preside	JMeli	nson)	Pate 3/26/23
Reg. 821 HR Requisition	Number C 2309	0054	4			- Line		Revise	d May 29, 2014