



Personnel Action Form

Human Resources

Banner ID # @	Last Name Myers	First Traci	Middle Initial L	Telephone
Address			City	State Zip

Part I: Check all that apply

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input checked="" type="radio"/> Temporary <input type="radio"/> Regular	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input checked="" type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
--	--	---	--

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: Instruction/Senior Citizens	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Senior Citizens' Program	Specialized Area: Senior Citizens
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY 2024
Budget Number: See Attachment	Position No. (NBAPOSN): GND01T
Compensation: \$ 60,073 ^{ker} 60,407 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>GNT</u> Grade <u>1</u> Step <u>10</u> Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 09-01-2023 End Date: N/A	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract If temporary, anticipated termination date: 08-31-2024

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: Instruction/Senior Citizens	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Senior Citizens' Program	Specialized Area: Senior Citizens
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: N/A
Budget Number: See Attachment	Funded in which FY? FY 2024
Budget Number: See Attachment	Position No. (NBAPOSN): GND01T
Compensation: / \$ 64,075 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>GNT</u> Grade <u>1</u> Step <u>11</u> Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 09-01-2024	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract If temporary, anticipated termination date: 08-31-2025

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Traci Myers Digitally signed by Traci Myers Date: 2024.08.22 09:19:46 -05'00'	Date	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2024.08.26 09:44:02 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i> 8/28/24	Date
Budget Approval WAK <i>[Signature]</i> 8/28/24	Date	Approved by President <i>[Signature]</i> 9-3-24	Date

ker