

Personnel Action Form

Human Resources

Banner ID #	Last Name Wallace, Kelly				Middle Initial	Telephon	
Address				Ci	ty	State Zip	
Part I: Check all that apply	<u> </u>		<u> </u>	0 <u>*</u> 0			
Classification: Administrative/Professional Staff Faculty Support Staff		New Employee Extension Salary Adjustment			☑Other (explain) Change in title/assignment		
Temporary Regular Full-T				_)			
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					Job	Vacancy No.: (if applicable)	
Job Title/Position: Instructor of Physical Therapy Assistant					Specialized Area: PTA		
Budgeted Position? • Yes • No				500 Br 60 90	Fur	Funded in which FY? FY17	
Budget Number: 1110-14186-6091-102					Pos	sition No. (NBAPOSN): PHY002	
Compensation:	Annual Hourly Other (expl	<u> </u>			\$ 1	urly Rate: (Part-time only) ### per hr x hrs/wk x wks = per year	
Start Date: 08/23/10	End Date:	am)		At-will-emp Per contract		emporary, anticipated termination date:	
Position is funded for the following number of months/weeks: 9 months 12 months Other (specify)							
PROPOSED Division/Unit: Allied Health					59.0000	Vacancy No.: (if applicable) 04 F 021	
Job Title/Position: Instructor/Program Director of PTA					Spo PT.	ecialized Area: A	
Budgeted Position? •Yes No	Position? OYes ONo Name of Replaced Employee: Betty Salas					nded in which FY? FY17	
Budget Number: 1110-14186-6091-102					Pos	sition No. (NBAPOSN): PHY001	
Compensation: \$ 78,067	Annual Hourly Other (expl	ain)	Sched FAC Grade 7 Step 16		\$_1	urly Rate: (Part-time only) NA per hr x hrs/wk x wks = per year	
Start Date: 08/01/17				At-will-emp Per contract		emporary, anticipated termination date:	
Position is funded for the following number of months/weeks: O 9 months 10 1/2 months O ther (specify)							
Explanation of Action:							
Part III: Position/Budget Authorization							
Recommended by Supervisor/Department Head Date Approved by Dean Carol J. Derkowski Digitally signed by Carol J. Derkowski Detail 1997 OF 28 08:17:00 OF 2017 Detailed to the Carol J. Derkowski De						Date Digitally signed by Megan Contains This cr-Megan Contains, cr-WCCC, cur-Vocational Instruction,	
Date: 2017:00:28 08:77:00 -03 00					gan Costanza Strand-steps Cognition Landers and Transport Landers		
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Date, 2017,00.28 09, 17.16 -03 00					Reviewed Human Resource Date		
Budget Approval		e	Date	Approyed	by (Lesilon)	Date 7-11-12	
Reg. 821 HR Requisition	Number F	7060	628		sery il	Revised May 29, 2014	
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