

Personnel Action Form

Human Resources

Human Resources				
Banner ID # @	Last Name Keahey, Heather	First	Middle Initial	Telephone
Address		City	State	Zip

Part I: Check *all* that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff		<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"/> Temporary <input type="radio"/> Regular	<input checked="" type="radio"/> Full-Time <input 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.

CURRENT 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 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) _____

PROPOSED Division/Unit Math and Physical Sciences		Job Vacancy No.: (if applicable) 2001 F 008	
Job Title/Position: Temporary Instructor of Mathematics		Specialized Area: Mathematics	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a	Funded in which FY? FY21	
Budget Number: 1610-14305-6091-100		Position No. (NBAPOSN): MAT20T	
Compensation: \$ 57,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>7</u> Step <u>10</u>	Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year
Start Date: 08/24/20	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract		If temporary, anticipated termination date: 05/31/21

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 Yvonne Smith	<small>Digitally signed by Yvonne Smith DN: cn=Yvonne Smith, o=HCC, ou=Health and Physical Science, email=yvonne.smith@hcc.edu, c=US Date: 2020.08.06 11:54:58 -0500</small>	Approved by Dean	Date
Approved by Division Chair Jennifer Mauch	<small>Digitally signed by Jennifer Mauch DN: cn=Jennifer Mauch, o=Hickory County Junior College, ou=Hickory County Junior College, email=jmauch@hcc.edu, c=US Date: 2020.08.06 12:49:22 -0500</small>	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval B. Okeson	Date 05/13/2020	Approved by President John J. Jones	Date 05/18/20
		Robert M. News	Date 5-12-20

RECEIVED

Vice President of Insurance
Date 5/17/20 Initial: TC