

## **Personnel Action Form**

					Human Resources	
Banner ID # [	Last Name Elamami, Elgaddafi	First	Middle Ini	tial	Telephone	
Address	City				State Zip	
Part I: Check all that apply						
Classification: Administrative/Professional Faculty Support Staff	Staff Extensi	New Employee     □ Other (e     □ Extension     □ Salary Adjustment		xplain)		
Temporary Regular Full-7 Part-7		ion (date:	)			
Part II: Assignment/Accounting 1 All Administrative/Professional and	Number of months/weeks below the Faculty (Contract) and Support States	notes how the pos	ition is funded; it does no	ot guarantee emp	ployment status for a person.  WCJC Policies and Procedures.	
Support Staff employees are at-will						
CURRENT Division/Unit:				Job Vacancy No.: (if applicable)		
Job Title/Position:				Specialized Area:		
Budgeted Position? Yes No				Funded in which FY?		
Budget Number:				Position No. (NBAPOSN):		
Compensation:	Annual	Sched	-	Hourly Rate: (Part-time only)		
\$	Other (explain)	Grade			nr x hrs/wk x wks = year	
Start Date:	End Date:	0	At-will-employee Per contract	If temporary, anticipated termination date:		
Position is funded for the following 9 months 0 10 ½ mo		Other (specify)				
PROPOSED Division/Unit: Math and Physical Science / Instruction				Job Vacancy No.: (if applicable) 2408 F 029		
Job Title/Position: Temporary Instructor of Mathematics				Specialized Area: Mathematics		
Budgeted Position?				Funded in which FY? FY25		
Budget Number: 4110-141	111 <del>00-6093-50</del> 4	-14305-	100 -190V	Position No. (	NBAPOSN): MAT04T	
Compensation:	Annual	Sched FAC		Hourly Rate: (Part-time only)  \$ n/a		
\$ 58,050	Other (explain)	Grade 7 Step 9		\$ <u>n/a</u> per year		
Start Date: 08/19/24			At-will-employee Per contract	If temporary, a 05/31/24	anticipated termination date:	
Position is funded for the following 9 months 10 ½ months		Other (specify)		•		
Explanation of Action:		*				
Part III: Position/Budget Authoriz						
Yvonne Smith  Digitally signed by Yvonne Smith  Dit can Yvonne Smith, on-Math Department Head, our WCJC, cmalf-amilty@wcjc.edu,			Approved by Dean	Approved by Dean Date		
Approved by Division Chair Date Approved b				esident	Date	
Jennifer Mauch		Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2024.08.13 11:52:29 -05'00'				
Approved by Cabinet Level Supervi	Reviewed by Human Resources  Date 2024.06.13 11:52:29 -05:00  Date					
Budget Approval		Date	Approved by Preside	ex A	hnsen 15/2	
BOK Detty C	1. Me Cropa	Duto	17 .//	Melu		
Reg. 821 HR Requisition	n Number	044	· ~ way		Revised May 29, 2014	