

## Personnel Action Form Human Resources

Banner ID #	Last Name	First	Middle Initi	al	Telenhone	
<u>@</u>	Cabrales, Jerrick		C:t-		State 7in	
Address			City		State Zip	
Part I: Check all that apply			•			
Classification:		☐ New Employee		explain)		
Administrative/Professional Staff Faculty		Extension		nanging from temporary full time to		
Support Staff		I I Salary Admisiment				
Temporary Full-Time Separation (date:			regular	regular full time		
Regular Part	:-Time					
Part II: Assignment/Accounting All Administrative/Professional ar						
Support Staff employees are at-wi	Il employees.					
CURRENT Division/Unit:				Job Vacancy No.: (if applicable)		
Administration / Athletics				2308 F 038		
Job Title/Position: Head Volleyball Coach/Instructor				Specialized Area: Volleyball		
Budgeted Position? • Yes • No				Funded in which FY? FY24		
Budget Number: 1110-14309-6091-100 70.9%; 3914-352-6091-901 29.1%					NBAPOSN): HVC01T	
Compensation:		Sched FAC		Hourly Rate: (Part-time only)		
s 60,722	. O Hourly	Grade 1		$\frac{n/a}{n}$ per hr x $\frac{n/a}{n}$ hrs/wk x $\frac{n/a}{n}$ wks =		
5 00,122	Other (explain)			\$ n/a per year		
Start Date: 08/08/23	End Date:				If temporary, anticipated termination date:	
Position is funded for the following 9 months 10 ½ n	ng number of months/weeks:	Other (specify)				
PROPOSED Division/Unit: Administration / Athletics				Job Vacancy No.: (if applicable) 2405 F 018		
Job Title/Position: Head Volleyball Coach/Instructor				Specialized Area: Volleyball		
Budgeted Position? • Yes No Name of Replaced Employee: n/a				Funded in which FY? FY24		
Budget Number: 1110-143	309-6091-100 70.9	%; 3914-352-609	01-901 29.1%	Position No. (1	NBAPOSN): HVC001	
Compensation:	Annual	Sched FAC		Hourly Rate: (Part-time only)		
\$ 60,722	O Hourly	Grade 1		$\frac{n/a}{n}$ per hr x $\frac{n/a}{n}$ hrs/wk x $\frac{n/a}{n}$ wks =		
3 00,722	Other (explain)	Step 10		\$_n/a per	year	
Start Date: 08/19/24			t-will-employee er contract	If temporary, a	anticipated termination date:	
Position is funded for the following	ng number of months/weeks:					
Explanation of Action:	nonins 2 12 monins	Officer (specify)			. 6	
In addition		2034, bene	fits shou	ld be	extended during	
Part III: Position/Budget Author			11 5	0	2024 Summer months	
Recommended by Supervisor/De	partment Head	5/24/22	Approved by Dean		Date	
Approved by Division Chair		Date	Approved by Vice Pr	resident	Date	
Approved by Cabinet Level Supe	ervisor	Date	Reviewed by Human	Resources	Date )	
Buty Oi -1.	molied)	5-2824(	July	Da	hnsen 5/28/2024	
		and the second s				
Budget Approval	$\sim$	Date	Approved by Preside	1-1	nolrek 6-3-24	