

## Personnel Action Form Human Resources

Anner ID # Last Name Garcia-Estrada		First Patricia		Mide	lle Initial	Telephone	ian Resources	
Address		City			State	Zip		
Part I: Check all that apply  Classification:  New Employee  V Other (explain)								
Administrative/Professional Faculty Support Staff	Extension  Salary Adjustment			Change in contract length (From 10.5 month to 9 month)				
Temporary Regular Full- Part-	Separation (date:)		min to 9 mont	r to 9 month)				
Part II: Assignment/Accounting All Administrative/Professional and Support Staff employees are at-will	Faculty (Contract) a				employed according to	o WCJC Policies and		
CURRENT Division/Unit: Vocational Instruction / Allied Health						Job Vacancy No.: (if applicable) 2311 F 062		
Job Title/Position: Dental Hygiene Instructor, Supervising Dentist						Specialized Area: Dental Hygiene		
Budgeted Position? • Yes No					1	Funded in which FY? FY25		
Budget Number: 1110-14182-6091-102					Position No. (	Position No. (NBAPOSN): DEN006		
Compensation: \$ 92,221	Annual Hourly Other (expl	Gı	Sched FAC Grade 7 Step 48		\$ n/a per	Hourly Rate: (Part-time only) \$\frac{n/a}{per hr x \frac{n/a}{n} hrs/wk x \frac{n/a}{n} wks = \$\frac{n/a}{n} per year}		
Start Date: 08/19/24	End Date:	am) St	Step 48  At-will-employee Per contract		,r	If temporary, anticipated termination date:		
Position is funded for the following  9 months  10 ½ months			er (specify)					
PROPOSED Division/Unit: Vocational Instruction / Allied Health						Job Vacancy No.: (if applicable) 2311 F 062		
Job Title/Position: Dental Hygiene Instructor, Supervising Dentist					*	Specialized Area: Dental Hygiene		
Budgeted Position? OYes No Name of Replaced Employee: n/a					Funded in wh	Funded in which FY? FY25		
Budget Number: 1110-14182-6091-102					Position No.	Position No. (NBAPOSN): DENO06		
Compensation: \$ 79,050	Annual Hourly	cly Grade 7			\$ n/a per	,		
Start Date:	Other (expl	Other (explain) Step 48  At-will-em		At-will-employe		mporary, anticipated termination date:		
11/01/24 Position is funded for the following number of months/weeks:								
② 9 months ② 10 ½ mo			er (specify)					
Explanation of Action:								
Part III: Position/Budget Author			Data	Ammorrad have	Dane		Data	
Recommended by Supervisor/Department Head Date Carol Derkowski Date: 2024.10.08 10:33:58 -05'00' Approved b					Dean		Date	
Approved by Division Chair  Date Approved by Vic						Digitally signed by	Date	
Carol Derkowski Approved by Cabinet Level Superv	Ann Collins Digitally signed by Leigh Ann Collins Date: 2024.10.08 13:18:35 -05'00' Date							
Dudget Annices			Dete	PM	hel Dr	husen	10/9/24	
Budget Approval Butty (	? Me Crak	lan	10/9/24	Approved by	President	elis) )	Date D/(6/24	
Reg. 821 HR Requisition	on Number F 2	410 0053			/	Pavised	May 29, 2014	