

Personnel Action Form

Banner ID #	T				Human Resources
Banner ID #	Last Name Murad, Philip	First	Middle	Initial	Telenhone
Address			City		State Zip
Part I: Check all that apply					
Administrative/Professional Staff Faculty Support Staff		New Employee Extension Salary Adjustment Separation (date:)		Other (explain)	
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:				Joh Vacanay N	No : (if amiliants)
CORRECT DIVISION/Onit:				Job Vacancy P	No.: (if applicable)
Job Title/Position:				Specialized Area:	
Budgeted Position? O Yes O No				Funded in which FY?	
Budget Number:				Position No. (NBAPOSN):	
Compensation:	Annual Hourly	Sched		\$per h	Part-time only) r x hrs/wk x wks =
Start Date:	Other (explain) End Date:	Step	O At-will-employee	\$ per	
			Per contract	if temporary, a	inticipated termination date:
Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O Other (specify) PROPOSED Division/Unit: Joh Vacancy No: (if applicable)					
PROPOSED Division/Unit: Technology				Job Vacancy No.: (if applicable) 1906 A 014	
Job Title/Position: Systems Analyst				Specialized Ard	
Budgeted Position? • Yes • No Name of Replaced Employee: Vicki Jacobs				Funded in which FY? FY20	
Budget Number: 1110-13030-6093-602				Position No. (N	NBAPOSN): ITS001
Compensation:	Annual	Sched AA		Hourly Rate: (F	Part-time only)
\$ 70,069	Other (explain)	Grade 12 Step 10		\$ n/a per hr \$ n/a per y	x n/a hrs/wk x n/a wks =
Start Date: 04/01/20	Other (explain)	T	At-will-employee		nticipated termination date:
Position is funded for the following number of months/weeks:					
9 months 0 10 ½ months 12 months O Other (specify)					
Explanation of Action:					
Part III: Position/Budget Authorization					
Recommended by Supervisor/Departman Allyson Chuc	Pent Head Digitally signed by Allyson Chuc DN: cn=Allyson Chuc, o=Whaton County Juni	Date	Approved by Dean		Date
Approved by Division Chair	email=chuce@wcc.edu, c=US Dete. 2020.02.14 09:07:37 -06'00'	Date			*
<u> </u>		Date	Approved by Vice R	resident	Mond 1-14 Date
Approved by Cabinet Level Supervisor	Inden !	2-14-20	Reviewed by Human	Resources 200	0a/14/2020
Budget Approval	0	14/2020	Approved by Preside	Of m	Date 2 - 18 - 70
Reg. 821 HR Requisition N	Sumber A 2002	0003	Xouy	G-1110	ine a to 20