



**Personnel Action Form**  
Human Resources

Banner ID # @	Last Name Vazquez, Isaac A.	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 type="radio"/> Temporary <input type="radio"/> Regular	<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 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.

<b>CURRENT</b> 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)

<b>PROPOSED</b> Division/Unit:		Job Vacancy No.: (if applicable)	
Vocational Instruction		2507 F 038	
Job Title/Position:		Specialized Area:	
Instructor of Emergency Medical Services		Vocational Science / EMS	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a	Funded in which FY? FY25	
Budget Number: 1210-14026-6091-102		Position No. (NBAPOSN): EMT08T	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>3</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: 08/18/25		<input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: 08/31/26

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 <b>Karl Johnson</b> <small>Digitally signed by Karl Johnson Date: 2025.07.15 18:05:02 -05'00'</small>	Approved by Dean <b>Danny Bacot</b> <small>Digitally signed by Danny Bacot Date: 2025.07.16 14:08:53 -05'00'</small>
Approved by Division Chair <b>Gary Bonewald</b> <small>Digitally signed by Gary Bonewald Date: 2025.07.16 13:49:05 -05'00'</small>	Approved by Vice President <i>Laigh Ann Collins</i> Date: 7/15/25
Approved by Cabinet Level Supervisor	Reviewed by Human Resources
Budget Approval <i>BOK</i> <i>Betty A. McCracken</i> 7/21/25	Approved by President <i>Betty Melnick</i> 7-22-25