



Personnel Action Form

								Hur	nan Resources	
Banner ID # .	Last Name First REUTTER, CORRINE M				Middle Initial		Telephone			
Address					City		State	Zip		
Part I: Check all that apply		No.								
Classification: Administrative/Professional S Faculty Support Staff Temporary Full-T	New Employee Extension Salary Adjustment Separation (date:)			Other (explain)						
Regular O Part-T	Separation (date)									
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: ALLIED HEALTH							Job Vacancy No.: (if applicable) 1005-F-024			
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING							Specialized Area: NURSING			
Budgeted Position? • Yes • No							Funded in which FY? FY19			
Budget Number: #110.14181.6091.102							Position No. (NBAPOSN): ADNO12			
Compensation: Sak	Annual Hourly Other (expl	oin)	Sched Grade				Hourly Rate: (I \$ NA per hi \$ NA per y	r x NA hrs/wk	x NA wks =	
Start Date: 08-20-2018	End Date:	Step	OA	At-will-employee Per contract			If temporary, anticipated termination date:			
Position is funded for the following number of months/weeks: 9 months 12 months Other (specify)										
PROPOSED Division/Unit: ALLIED HEALTH							Job Vacancy No.: (if applicable) 1005-F-024			
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING							Specialized Area: NURSING			
Budgeted Position? Yes No Name of Replaced Employee: NA							Funded in which FY? FY20			
Budget Number: 1110.14181.6091.102 Position No. (NBAPO								NBAPOSN): ADI	N012	
Compensation.	Annual	_			-		Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks =			
s 63,550	O Hourly Other (expl	ain)	1	Grade 1 Step 37			\$ NA per year			
Start Date: 08-19-2019				At-will-employee 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)										
Explanation of Action: ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015										
Part III: Position/Budget Authoriza										
Recommended by Supervisor/Department Head Date Digitally signed by Andrea Shropshire, DNP, MSN, RN Digitally signed by Andrea Shropshire					Approved by Dean Paul J. Quinn Digitally signed by Paul J. Quinn Pate: 2019 07 12 11:13:00 -05'00'					
Approved by Division Chair Approved by Division Chair					Approved by Vice President Date: 2019.07.12 11:13:00 -05'00' Approved by Vice President					
Carol Derkowski		ed by Carol De 7.11 09:58:21	erkowski		Lu	Ü		7-18	5-19	
						Reviewed by Human Resources Date 07/22/19				
Budget Approval		7	22/1	Pate 9	Approve	by Preside	a-mo	who 7	Date 7-23-19	
Reg. 821 HR Requisition	Number =	707 C	1038	<		,		Revised	May 29, 2014	

HR Requisition Number F 1907 0038