

Personnel Action Form

Benner ID #	Last Name Stice, Carolyn		First		Middle I nitia l		Telephone Telephone		
Address					City		State	Zip	
Part I: Check off that apply									
Classification: Administrative/Professional: Faculty Support Staff	New Employee Extension			Change in title/assign from PT Instructor					
O Support Staff O Temporary O Regular O Part-Time		Selary Adjustment Separation (date:)			of English to TFT Instructor of English				
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:						Job Vacancy No.: (if applicable)			
Job Title/Position:						Specialized Area:			
Budgeted Position? O Yes O No						Funded in which FY?			
Budget Number:						Position No. (NBAPOSN):			
Compensation:	S Annual Hourly		Sched _		·	Hourly Rate: (Part-time only) S per hr x hrs/wk x wks =			
\$	Other (expl					\$per year		withorthickness and an artist of the second	
Start Date:				At-will-em			If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: O 9 months O 10 % months O 12 months O Other (specify)									
PROPOSED Division/Unit: Communications & Fine Arts						Job Vacancy No.: (if applicable) 2009 F 034			
Job Title/Position: Temporary Instructor of English						Specialized Area: English			
Budgeted Position?						Funded in which FY? FY21			
Budget Number: 1110-14503-6091-100 Position No. (NBAPOSN): ENG21T								21T	
Compensation:	Annual School					Hourly Rate: (Part-time only)			
s 54,050	O Hourly Other (expl	Grade 7 in) Step 4			\$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year				
Start Date: 08/24/20					ployee :t	If temporary, anticipated termination date: 05/14/21			
Position is funded for the following number of months/weeks: 9 months O 10 1/2 months O 12 months O Other (specify)									
Explanation of Action:									
Part III: Position/Budget Authorization									
Recommended by Supervisor/Department Head Date Approved by Dean Date									
Sharon Housman Prince Date: 2020.08.02 18:09:01 -08:00 Approved by Division Chair Date Approved by Vice President Date									
Tale Date									
Patrick Ralls Approved by Cabinet Level Supervisor Date Reviewed by Human Resources Date Reviewed by Human Resources Date Dat								Date 2000	
Budget Approval		ረንዓ	/22/28	e Approve	by Prefide	1.41.0	real o	Date -2 7	
Per 821 HP Remisition	NI1					, ,,,,,,,	4	~~~~	

RECEIVED
Vice President of Instruction
ate 9 3 0 Initial