

## **Personnel Action Form**

luman Resources

Banner ID #	Last Name Bennett, Jason		First Matthew		Middle Init		tial	Telephone Telephone		
Address		City			City	State Zip				
Part I: Check all that apply										
Classification: Administrative/Professional Faculty Support Staff	✓ New Employee  ☐ Extension ☐ Salary Adjustment				☐Other (explain)					
Temporary Regular Full-7 Part-7	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.  CLIDDENT Division (1) And the staff employees.										
CURRENT Division/Unit:							Job Vacancy No.: (if applicable)			
Job Title/Position:							Specialized Area:			
Budgeted Position? Yes No							Funded in which FY?			
.Budget Number:							Position No. (NBAPOSN):			
Compensation:	Annual Sched						Hourly Rate: (Part-time only)			
\$	O Hourly Other (expl	Grade				\$ per hr x hrs/wk x wks = \$ per year				
Start Date:	End Date:			8 <sup>A</sup>	At-will-en er contra	nployee et	If temporary, anticipated termination date:			
Position is funded for the following number of months/weeks:  9 months  10 ½ months  Other (specify)										
PROPOSED Division/Unit: Social and Behavioral Science							Job Vacancy No.: (if applicable) 2210 F 058			
Job Title/Position: Instructor of History							Specialized Area: History			
Budgeted Position?							Funded in which FY? FY23			
Budget Number: 1210-14701-6091-100 50%, 1610-14701-6091-100 50% Position No. (NBAPOSN): HIS001										
Compensation:		Annual Sched F					Hourly Rate: (Part-time only)  \$ _n/a _ per hr x _ n/a _ hrs/wk x _ n/a _ wks =			
s 51,550		Hourly Grade 3A Step 6					\$ n/a per year			
Start Date: 08/21/23				At-will-employee Per contract		If temporary, anticipated termination date: n/a				
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 Date Approved by Dean Digitally signed by Kenneth Grubb  Control of the Control of t									Date	
Approved by Division Chair Date Approved by Vice										
Amanda Shelton  Digitally signed by Amanda Shelton Date: 2023.04.17 14:51:38 -05'00'  Leigh Ar							24.0. 2020.04.14 12.01.20 -00 00			
Approved by Cabinet Level Supervisor Date Reviewed by Hum										
Budget Approval Date Approved by Pro							1 Dehnson 4/21/23			
Budget Approval  O4/21/2023  Approv						oved by President Date				
Reg. 821 HR Requisition	Number F 2	304 001			V	Detry a	d. Mel	relied 4-2 Revised May	24-23	