

Personnel Action Form

Human Resources

Banner ID #	Last Name Allen, Amanda	First	Middle Initial	Telephone
Address		City		State Zip

Part I: Check all that apply

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input checked="" type="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> 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.

CURRENT Division/Unit:

Job Title/Position:	Job Vacancy No.: (if applicable)
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No	Specialized Area:
Budget Number:	Funded in which FY?
Compensation: \$	Position No. (NBAPOSN):
<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	End Date: <input 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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit:

Planning & Institutional Effectiveness	Job Vacancy No.: (if applicable) 1705 A 009
Job Title/Position: Vice President of Planning & Institutional Effectiveness	Specialized Area: Planning & Institutional Effectiveness
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: N/A
Budget Number: 1110-1306-6093-6082	Funded in which FY? FY18
Compensation: \$ 95,423	Position No. (NBAPOSN): ADV006
<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 3-1-18	<input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract If temporary, anticipated termination date: N/A
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval	Date	Approved by President	Date

Barbara McLeod 12-2-17 *Judy Jones* 12/06/17
B. McLeod 12/4/17 *Barbara McLeod* 12-6-17