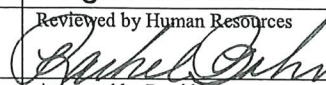
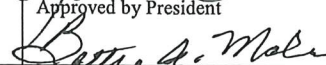


Personnel Action Form
 Human Resources

Banner ID # @	Last Name Scopel, Anthony J.	First Anthony	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 checked="" type="radio"/> Regular		<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)		<input checked="" type="checkbox"/> Other (explain) Change from PT faculty to FT faculty
<input type="radio"/> Full-Time <input checked="" 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 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 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 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
PROPOSED Division/Unit:			Job Vacancy No.: (if applicable)	
Vocational Sciences			2308 F 045	
Job Title/Position:			Specialized Area:	
Instructor of EMS			EMS	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No			Name of Replaced Employee: n/a	
Funded in which FY? FY24				
Budget Number: 1210-14026-6091-102			Position No. (NBAPOSN): EMT005	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 1 _____ Step 10 _____	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year	
\$ 52,050				
Start Date: 01/08/24		<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 checked="" type="radio"/> 9 months <input type="radio"/> 10 ½ months <input 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	
Gary Bonewald		Digitally signed by Gary Bonewald Date: 2023.11.07 12:48:36 -06'00'		
Approved by Division Chair		Date	Approved by Vice President	
Timothy Guin		Digitally signed by Timothy Guin Date: 2023.11.08 07:11:01 -06'00'	Leigh Ann Collins	
Approved by Cabinet Level Supervisor		Date	Digitally signed by Leigh Ann Collins Date: 2023.11.08 07:23:55 -06'00'	
Budget Approval		Date	Reviewed by Human Resources	
B. Skocian		11/14/2023	 Approved by President	
			 Date: 11-16-23	