

## **Personnel Action Form**

						Human Resources	
Banner ID #	Last Name First KORENEK, PATRICIA A.			Middle I	nitial	Telephone	
Address				City		State Zip	
Part I: Check all that apply							
Classification: New Employee					(explain)		
Administrative/Professional	Staff	☐ Extension					
Faculty Support Staff	3 -	✓ Salary Adjustment					
Temporary O Full-T		Separation (date:)					
Regular Part-T	ime						
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) 1204-F-032		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING					Specialized A	rea:	
Budgeted Position? • Yes • No					Funded in which FY? FY18		
Budget Number: 1110.14181.6091.102					Position No. (	NBAPOSN): ADNO08	
Compensation:	Annual Sched FAC			_	Hourly Rate: (Part-time only)		
s 70,641	Hourly Grade 1			<u> </u>	\$ NA per hr x NA hrs/wk x NA wks		
	Other (explain)	St	tep 32		\$ NA per	year	
Start Date: 08-22-2017	End Date:		At-will-employee Per contract		If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks:							
O 9 months O 10 1/4 months O 12 months O Other (specify)							
PROPOSED Division/Unit: Job Vacancy No.: (if applicable)							
ALLIED HEALTH					1207-F-03		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING					Specialized A	rea:	
Budgeted Position? • Yes • No Name of Replaced Employee: NA					1	ch FY? FY19	
Budget Number: 1110.14181.6091.102					Position No. (1	NBAPOSN): ADNO08	
Compensation:	Annual Sched FAC				Hourly Rate: (Part-time only)		
. 71 224	O Hourly	Gi	rade 1	_	\$ NA per h	r x <u>NA</u> hrs/wk x <u>NA</u> wks =	
s 71,224	Other (explain)	St	ер 33		\$ NA per	year	
Start Date: 08-20-2018				At-will-employee Per contract	If temporary, a	inticipated termination date:	
Position is funded for the following number of months/weeks:							
9 months 10 14 months 12 months Other (specify)							
Explanation of Action:							
ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015							
Part III: Position/Budget Authorization							
Recommended by Supervisor/Department Head Date Approved by Dean Date							
Andrea Shropshire, DNP, MSN, RN Det critical desperts, DMP, MSN, RN Det critical desperts of the critical despert							
Approved by Division Chair  Date Approved by Vice President  Carol Derkovski						Date	
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Approved by Cabinet Level Supervise			Date	Reviewed by	Jon Jon	Date Didis	
Rudget Approval						POLOGIO	
Budget Approval Date Appr					Approved by President Date  But. a. Meluh 8-10-18		
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