

Personnel Action Form

Banner ID # Last Name PENCE, AMAN		First NDA			Middle Initial		Telenhone	
Address				<u> </u>	City		State Zip	
Part I: Check all that apply								
Classification: Administrative/Professional S Faculty Support Staff	☐ New Employee ☐ Extension ☑ Salary Adjustment			Other (explain)				
Temporary Full-T Part-T	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.								
CURRENT Division/Unit: ALLIED HEALTH						Job Vacancy No.: (if applicable) 1410-F-054		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING						Specialized Area: NURSING		
Budgeted Position? Yes No					Funded in which	ch FY? FY18		
Budget Number: 1110.14181.6091.102						Position No. (NBAPOSN): ADNO04		
Compensation: \$ 67,141	Annual Hourly Other (expl	X				Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year		
Start Date: 08-22-2017	End Date:			At-will-er Per contra	-will-employee If temporary, anticipated termination date:			
Position is funded for the following number of months/weeks: 9 months 10 ½ months 12 months Other (specify)								
PROPOSED Division/Unit: ALLIED HEALTH						Job Vacancy No.: (if applicable) 1410-F-054		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING					Specialized Area: NURSING			
Budgeted Position? • Yes • No	Name of Repla	Name of Replaced Employee: NA				Funded in which		
Budget Number: 14181.6091.102						Position No. (N	(BAPOSN): ADNO04	
Compensation: 130%	⊙ Annual					Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks =		
s 67,724	Other (expl	Hourly Grade 1 Other (explain) Step 27			\$ NA per			
Start Date: OR 20 2040				At-will-en		If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks: O 9 months 10 ½ months O 10 ½ months O 0ther (specify)								
Explanation of Action: ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015								
Part III: Position/Budget Authorization								
Recommended by Supervisor/Department Head Date Andrea Shropshire, DNP, MSN, RN Opening signed by Actions Biococcinic, DNP, MSN, RN Considerate Strongshire, DNP, MSN, RN Opening signed by Actions Biococcinic, DNP, MSN, RN Opening signed by Actions Discounting, DNP, MSN, RN Opening signed by Actions DNP, MSN, RN Opening					ed by Dean		Date	
Approved by Division Chair Date Approved by Vice President Date								
Carol Derkowski Option by Carol Darbound Property of Carol Derkowski					Leigh-Ann collins Delico of the Collins Delico of the Collins of t			
Approved by Cabinet Level Supervisor Date					Reviewed to the Resources Do 08 06 8			
Budget Approval Date Approved by						nt	Date	
BAKOCIA			<u>8141</u>	8 2	Sim	a.m.	0.00 8-10-18	