

Personnel Action Form

Human Resources

Banner ID # Last Name (a), Hamlin, Evett M		First		Middle Initial		Telenhone			
Address Hamlin, Evett M				City		State Zip			
Part I: Check all that apply									
Classification: O Administrative/Profession	 ✓ New Employee ☐ Extension 			Other (ex	Other (explain)				
O Faculty	Salary Adjustment								
Support Staff O Temporary O Full									
Ö Regular Ö Par	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:						Job Vacancy No.: (if applicable)			
Job Title/Position:						Specialized Area:			
Budgeted Position? O Yes O No						Funded in which FY?			
Budget Number:						Position No. (NBAPOSN):			
Compensation: O Annual Sche						Hourly Rate: (Part-time only)		
Ö Hourly		Grade							
\$	Other (exp	Other (explain) Step				\$per year			
Start Date:	End Date:				ill-employee ontract	If temporary, anticipated termination date:			
Position is funded for the following number of months/weeks:									
O 9 months O 10 ½ months O 12 months O Other (specify)									
PROPOSED Division/Unit: Vocational Instruction						Job Vacancy No.: (if applicable) 2504 A 012			
Job Title/Position: Coordinator of Vocational Support Services						Specialized Area: Perkins Grant			
Budgeted Position? OYes ONo Name of Replaced Employee: Wendy Tam					VO	Funded in which FY? FY25			
Budget Number: 214800-6003-6143-102 Position No. (NBAPOSN): GNC02T								02T	
Compensation:	• Annual					Hourly Rate: (Part-time only)			
\$ 63,408	O Hourly		Grade <u>1</u> Step 10			$\frac{n/a}{n/a} \text{ per hr x } \frac{n/a}{n/a} \text{ hrs/wk x } \frac{n/a}{n/a} \text{ wks} =$			
Start Date:	O Other (exp	lain)	Step 1		ill-employee		anticipated termination	date:	
07/16/25			🖸 Per c	1 2	08/31/25				
Position is funded for the following number of months/weeks: 9 months 0 10 ¹ / ₄ months 0 12 months 0 Other (specify)									
Explanation of Action:									
Dente III. Decision / Dudget Authonication									
Part III: Position/Budget Authorization Recommended by Supervisor/Department Head Date Approved by Dean Date									
Telefinitended by Super (156)/Dep									
Approved by Division Chair	Date Appro		pproved by Vice Pi	oved by Vice President Date					
			Le			eigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.06.17 15:55:25 -05'00'			
Approved by Cabinet Level Supervisor Date					Reviewed by Human Resources				
(It was he to Bak and 1/18								1 9/18/25	
Budget Approval Date Date					Approved by President Date				
Budget Approval Briting a. Mc Crohan 4/18/25 Berting Me Crohan 6/a:								6/23/25	
Reg. 821 HR R/equisition Number <u>A</u> 2506 0010 Revised May 29, 20/4									