



**Personnel Action Form**  
Human Resources

Banner ID #	Last Name Jensen, Laurie E.	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"/> Full-Time <input checked="" type="radio"/> Regular <input type="radio"/> Part-Time		<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
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**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.

<b>CURRENT</b> 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 checked="" 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:  
☐ 9 months    ☐ 10 ½ months    ☐ 12 months    ☐ Other (specify)

<b>PROPOSED</b> Division/Unit: Vocational Instruction			Job Vacancy No.: (if applicable) 1806 A 009
Job Title/Position: Dean of Vocational Instruction			Specialized Area: Vocational Instruction
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Megan Costanza		Funded in which FY? FY19
Budget Number: 1110-1409-6093-400			Position No. (NBAPOSN): DEA006
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched D Grade 15 Step 33	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 12-3-18 01/02/19 DP		<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: N/A

Position is funded for the following number of months/weeks:  
☐ 9 months    ☐ 10 ½ months    ☒ 12 months    ☐ 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