

## Personnel Action Form

					Human Resources	
Banner ID # -	Last Name Hepburn, Bradley	First	Middle I	nitial	Telenhone	
Address			City	City State Zip		
Part I: Check all that apply						
Classification:     Administrative/Professional Staff     Faculty     Support Staff     Temporary     Regular     Part-Time     New Employee     Extension     Salary Adjustmen     Separation (date:		on Adjustment		Other (explain)		
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:	Annual Sched Hourly Grade			Hourly Rate: (Part-time only)  Sper hr xhrs/wk xwks =  \$per year		
Start Date:	Other (explain)  End Date:	At-will-employee Per contract		If temporary, anticipated termination date:		
Position is funded for the following number of months/weeks:  9 months  10 ½ months  Other (specify)						
PROPOSED Division/Unit: Math and Physical Science/Instruction				Job Vacancy No.: (if applicable) 2507 F 041		
Job Title/Position: Developmental Math Instructor				Specialized Area: Mathematics		
Budgeted Position? OYes ON	/erNooy	Funded in which FY? FY25				
Budget Number: 1110-14306-6091-100				Position No. (NBAPOSN): DVM005		
Compensation:	Annual Hourly	Sched FAC Grade 1		Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks =		
\$ 51,550 /	Other (explain)	Step 6		\$ <u>n/a</u> per year		
		At-will-employee Per contract	If temporary, anticipated termination date: n/a			
Position is funded for the following number of months/weeks:  9 months  10 ½ months  Other (specify)						
Explanation of Action:						
Part III: Position/Budget Authorization						
Recommended by Supervisor/Department Head Date  Yvonne Smith  Date  Dipulsy squared by Yvonne Smith  Divervisorie Smith, carMain Department Head, su-WCLIC, envall+smithyggwcjc.odu, culds  Date  Dipulsy squared by Yvonne Smith  Dipulsy squared by Yvonne Smith			1.	Approved by Dean Date		
Approved by Division Chair Date				Approved by Vice President Date		
			Leigh Ann	Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.08.12 15:08:06 -05'00'		
Approved by Cabinet Level Supervisor  Date  Reviewed by Human Resources  Date						
Budget Approval		Dar	te Approved by Presid	lent	Date	
Budget Approval  Date Approved by President  Date Date Date Date President  Date Date Date Date Date Date Date Date						
Reg. 821 HR Requisition	Number F 2508 00	35	l		Revised May 29, 2014	