

## Personnel Action Form

Banner ID #	Last Name Brewer, Helen C	First	Middle Ir	itial Telephor	Human Resources	
Address			City	City State Zip		
Power Charles Halles and the						
Part I: Check all that apply  Classification:						
Administrative/Professional S		Extension		expiain)		
Faculty		Salary Adjustment				
Support Staff Temporary Support Staff		Separation (date:)				
Regular O Part-T		paration (date:		<u>-</u>		
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	Annual Sched		Hourly Rate: (Part-time only)		
s	<b>Q</b> Hourly	Grade		\$per hr x hrs/wk x wks =		
	Other (explain)	ain) Step At-will-employee		\$per year		
Start Date:	End Date:		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: Administrative Services				Job Vacancy No.: (if applicable) 1806 A 010		
Job Title/Position: Director of Richmond Campus				Specialized Area: Richmond Campus		
Budgeted Position?  Yes No Name of Replaced Employee: Robert Wolter				Funded in which FY? FY19		
Budget Number: 1210-111-6093-400				Position No. (NBAPOSN): DIRO08		
Compensation:	Annual	Annual Sched CA			Hourly Rate: (Part-time only)	
s 70,735	O Hourly	Grade 1	<u> </u>	\$ N/A per hr x hrs/wk x wks =		
\$ 70,733	Other (explain)			\$per year		
Start Date:    At-will-employee   If temporary, anticipated termination date:   N/A   N/A						
Position is funded for the following number of months/weeks:  O 9 months  10 ½ months  O 12 months  O Other (specify)						
Explanation of Action:						
Part III: Position/Budget Authorization						
Recommended by Supervisor/Department Head Date Approved by Dean Date						
NATIOCIAI 11/1/18						
Approved by Division Chair Date Approved by				1) [.[		
Approved by Cabinet Level Supervisor Date Re				Reviewed by Human Resources Date		
			1.7.	W. A Cons 11-1-15		
Budget Approval Date				Approved by Veside Date		
Bedece:			A	T Dane Doller	11-1-15	
NA POLICE	- A	11 11 12	VAILUE	MI THEELENS	11-1-18	