

Personnel Action Form

Human Resources

		Last Name Daly, Edward V	First			Middle Initial		Telenhone		
Ø Address		Daiy, Luwalu v	v.			City		State	Zip	
· · ·									r	
Part I: Check all that apply										
Classification: O Administrative/Prof	✓ New Employee			Other (e	Other (explain)					
O Faculty	Extension									
Support Staff Temporary O Full-Time			Salary Adjustment							
Regular Part-Time			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:	Sched				Hourly Rate: (Part-time only)					
\$	Hourly			Grade						
						At-will-employee	\$ per year			
Start Date: End Date:						er contract	II temporary, a	orary, anticipated termination date:		
Position is funded for the following number of months/weeks: 9 months 0 10 ½ months 0 12 months 0 Other (specify)										
PROPOSED Division/Unit: Information Technology							Job Vacancy No.: (if applicable) 2410 A 044			
Job Title/Position: Director of Enterprise Systems							Specialized Area: Enterprise Systems			
Budgeted Position? • Yes ONo Name of Replaced Employee: Allyson Ch						uc	Funded in which FY? FY25			
Budget Number: 1110-13030-6093-602 Position No. (NBAPOSN): DIR030										
Compensation:				Sched <u>CA</u>			Hourly Rate: (Part-time only) n/a per hr x n/a hrs/wk x n/a wks =			
\$ 76,737		O Hourly	Grade <u>15</u>					year	x <u>n/a</u> wks =	
Start Date:		Other (expl	ain)	Step 6		At-will-employee		anticipated termination	on date:	
03/03/25										
Position is funded for the following number of months/weeks: O 9 months O 10 ½ months O 12 months O Other (specify)										
Explanation of Action:										
Part III: Position/Budge	t Authoriz	ation								
Recommended by Supervisor/Department Head				Date		Approved by Dean Date			Date	
Approved by Division Ch	Date			Approved by Vice President Date Digitally signed by Kettida Vasiknanon						
Approved by Cabinet Level Supervisor					te	Date: 2025.02.11 16:33:28 -06'00'			16:33:28 -06'00'	
						Parkel Sammen 2-12-25				
Budget Approval Betty a. Mc Crohan 41425 Approved by President Botty a. Mc Crohan 41425 Botty a. Mc Crohan 2-12								Date マー1:みーみら		
			502 00	05		carp		Revised	May 29, 2014	