

Personnel Action Form Human Resources

Banner ID #	Last Name First Falloon, Donna F.		irst		Middle Initial		Telephone Telephone
Address					City		State Zip
Part I. Check all that apply							
Classification: Administrative/Professional Staff Faculty Support Staff Temporary Regular Part-Time		New Employee Extension Salary Adjustment Separation (date:)			chang	Changing from part time faculty to full time faculty	
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? Yes No					Funded in which FY?		
Budget Number:						Position No. (NBAPOSN):	
Compensation:	Annual Hourly	Sched			Hourly Rate: (Part-time only) \$ per hr x hrs/wk x wks = \$ per year		
Start Date:	Other (expla	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 12 months Other (specify) PROPOSED Division/Unit: Instruction						Job Vacancy No.: (if applicable) 2401 F 006	
Job Title/Position: Instructor of Business Office Technology					Specialized Area: Technology and Business		
Budgeted Position?						Funded in which FY? FY24	
Budget Number: 1110-14808-6091-102 80%, 1110-14807-6091-100 10%, 1210-14808-6091-102 10% Position No. (NBAPOSN): BOA001							
Compensation: \$ 58,550	Annual Hourly Other (expla	Sched FAC				Hourly Rate: (Part-time only) \$\frac{n/a}{per \text{ hrs/wk x } \frac{n/a}{ma}} \text{ wks} = \$\frac{n/a}{per \text{ year}} \text{ per year}	
Start Date: 08/19/24		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:							
•	attau						
Part III: Position/Budget Authorization							Date
Celine Siewert Date: 2024.04.25 08:58:20 -05'00' Approved by Division Chair Date Approved by Vice						President	Date
David Kucera Dignally disease by the BM Stock County Auriser College, our Division Chair Teethoology and Leigh Ar						nn Collins Digitally signed by Leigh Ann Collins Date: 2024.04.23 17:19:57 -05'00' Date	
Budget Approval		24/20	7/20°	te A	Approved by President	l DV lent 2-Mels	msen 4/29/24 Date 4-30-24
Reg. 821 HR Requisition	n Number F 24	04 002	20		7		Revised May 29, 2014