



Personnel Action Form Human Resources

Banner ID # @	Last Name HANN, TAMMY L	First	Middle Initial	Telephone
Address		City	State	Zip

Part I: Check all that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" 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.

CURRENT Division/Unit: ALLIED HEALTH	Job Vacancy No.: (if applicable) 1207-F-064
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING	Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY19
Budget Number: 1610 ### 14181.6091.102	Position No. (NBAPOSN): ADN011
Compensation: ### \$ 61,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched FAC _____ Grade 1 _____ Step 32 _____	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-20-2018	End Date: _____ <input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: ALLIED HEALTH	Job Vacancy No.: (if applicable) 1207-F-064
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING	Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: NA
Funded in which FY? FY20	Position No. (NBAPOSN): ADN011
Budget Number: 1610 ### 14181.6091.102	Compensation: ### \$ 61,550
<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Sched FAC _____ Grade 1 _____ Step 33 _____	Start Date: 08-19-2019
<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 1/2 months 12 months Other (specify)

Explanation of Action:
ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN DN: cn=Andrea Shropshire, DNP, MSN, RN, o=Wharton County Junior College, ou=Associate Degree Nursing, email=ashropshire@wcjc.edu, c=US Date: 2019.07.08 10:27:07 -0500</small>	Date Approved by Dean Paul J. Quinn <small>Digitally signed by Paul J. Quinn Date: 2019.07.12 11:10:28 -05'00'</small>
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2019.07.11 10:02:44 -05'00'</small>	Date Approved by Vice President Luc 7-15-19
Approved by Cabinet Level Supervisor	Date Reviewed by Human Resources Judy Jones 07/22/19
Budget Approval B. Derkowski 7/22/19	Date Approved by President Letty Malachuk 7-28-19

Reg. 821 HR Requisition Number F19070035

RECEIVED
 Revised May 29, 2014
 Vice President of Instruction
 Date: 7/12/19 Initial: TC