



Personnel Action Form

Human Resources

Banner ID # ()	Last Name Lindsey, Shawna G.	First	Middle Initial	Telephone
Address		City	State	Zip

Part I: Check all that apply

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input checked="" type="radio"/> Support Staff	<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)
<input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	

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) 1410-F-059
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? FY16
Budget Number: 1110.14181.6091.102	Position No. (NBAPOSN): ADN007
Compensation: \$ 53,550	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 01-21-15	End Date: NA
<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>2</u> Step <u>19</u>
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
	If temporary, anticipated termination date: NA

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) 1410-F-059
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
Budget Number: 1110.14181.6091.102	Funded in which FY? FY17
Budget Number: 1110.14181.6091.102	Position No. (NBAPOSN): ADN007
Compensation: \$ 54,050	Hourly Rate: (Part-time only) \$ NA per hr x NA hrs/wk x NA wks = \$ NA per year
Start Date: 08-22-16	End Date: NA
<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>2</u> Step <u>20</u>
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
	If temporary, anticipated termination date: NA

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	Date	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval	Date	Approved by President	Date

[Handwritten signatures and dates: 7/8/16, 7-8-16, 7-17-16]