

## **Personnel Action Form**

Human Resources

Banner ID #		Last Name Grosser, Gina	First		Middle Initial		Telenhone		
Address		Orosser, Oma			-	City		State Zip	
Part I: Check all that apply									
Classification:									
Administrative/Professional Staff			Extension				лріаш)		
Faculty Support Staff			Salary Adjustment						
Temporary Full-Time 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)									
CURRENT Division/Unit:							Job Vacancy N	No.: (if applicable)	
Job Title/Position:							Specialized Area:		
Budgeted Position? Yes No							Funded in which FY?		
Budget Number:							Position No. (NBAPOSN):		
Compensation: Annual			Sched				Hourly Rate: (Part-time only)		
\$		Hourly	Grade				\$ per hr x hrs/wk x wks =		
Start Date:		Other (explain			-will-employee	\$ per year  If temporary, anticipated termination date:			
	Bit Bate.					r contract	it temporary, and or pated termination date:		
Position is funded for the following number of months/weeks:  O 9 months  10 ½ months  O 12 months  O Other (specify)									
PROPOSED Division/Unit: Vocational Instruction/Allied Health							Job Vacancy No.: (if applicable) 2301 F 005		
Job Title/Position: Instructor of Vocational Nursing							Specialized Area: Vocational Nursing		
Budgeted Position?							Funded in which FY? FY23		
Budget Number: 1110-14184-6091-102 Position No. (NBAPOSN): L'								NBAPOSN): LVN004	
Compensation:		Annual					Hourly Rate: (Part-time only)		
\$ 68,068		Hourly	Grade 1 Step 10				$\begin{cases} \frac{n/a}{per hr x} \frac{n/a}{n/a} \frac{hrs/wk x}{n/a} \frac{n/a}{wks} = \\ \frac{n/a}{n/a} \frac{n/a}{per year} \end{cases}$		
Start Date:	·	Other (expl	ain)	Step 1		-will-employee		anticipated termination date:	
04/17/23						er contract	n/a		
Position is funded for the following number of months/weeks:  O months  O 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									
D849: 2023,03.29 15.4201 -0500						Donald S S	Date. 2023.03.30 09.03.49 -03 00		
Approved by Division Chair Date Approved by V						Approved by Vice P		Date	
Carol Derkowski Date: 2023.03.29 16:33:55 -05'00' Leigh Anr								Digitally signed by Leigh Ann Collins Date: 2023.03.30 12:24:21 -05'00'	
Approved by Cabinet Level Supervisor  Date Reviewed by Human Resources  Date									
Budget Approval Date Approved by President Date									
Budget Approval ,	) ·		04	103/2	623	Approved by Preside	an A com	10 mls / 12-15-78	
Reg. 821 HR	Requisition	Number   L   23	303 000			X X Taly	We Ill	Revised May 29, 2014	