



Personnel Action Form

Human Resources

Banner ID #	nner ID # Last Name CRUZ, CYN		First	Middle I	nitial	Telephone	
Address	0102, 01			City		State	Zip
Part I: Check all that	apply						
Classification: O Administrative/Pr		Employee	Other	(explain)			
O Faculty	Exter						
Support Staff			y Adjustment				
Temporary Regular	 Full-Time Part-Time 		ration (date:)			
Part II: Assignment/A	counting Number of mor	nths/weeks below	w notes how the pos	sition is funded; it does	not guarantee emp	ployment status for a	person.
	essional and Faculty (Cont	ract) and Suppor	rt Staff (Non-Contra	act) employees are emp	loyed according to	WCJC Policies and	Procedures.
Support Staff employees					Joh Vasanav I	No : (if applicable)	
CURRENT Division/Unit: ALLIED HEALTH					Job Vacancy No.: (if applicable) 1312-F-098		
Job Title/Position: INSTRUCTOR ASSOCIATE DEGREE NURSING					Specialized Area: NURSING		
Budgeted Position?		Funded in which FY? FY19					
Budget Number: 11	Position No. (NBAPOSN): ADN002						
Compensation:	O Annua	al	Sched FAC			(Part-time only)	
s 62,050	Q Hour	-	Grade 3	_		nr x <u>NA</u> hrs/wk x	MA wks =
	O Other		Step 30	At will opplayer		year	1.
Start Date: 08-20-2018	End Date		ĕ	At-will-employee Per contract	If temporary,	anticipated terminatio	n date:
Position is funded for th	e following number of mo	nths/weeks:					
• 9 months	$10\frac{1}{2}$ months O 12	2 months	Other (specify))			
PROPOSED Division/Unit: ALLIED HEALTH					Job Vacancy No.: (if applicable) 1312-F-098		
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING					Specialized Area: NURSING		
Budgeted Position? OYes ONo Name of Replaced Employee: NA					Funded in which FY? FY20		
Budget Number: 11	10.14181.6091.				Position No. (NBAPOSN): ADI	1002
Compensation:	O Annua		Sched FAC			Part-time only)	
	O Hour		Grade 3		\$ NA per h	nr x <u>NA</u> hrs/wk x	NA wks =
s 62,550	O Other	(explain)	Step 31		\$ <u>NA</u> per	year	
Start Date: 08-19	-2019			At-will-employee Per contract	If temporary,	anticipated terminatio	n date:
-	e following number of more	-					
Explanation of Action:	10 ½ months Q 12	months Q	Other (specify)				
	R LONGEVITY AS A	GREED UPO	N FEBRUARY/	MARCH 2015			
Part III: Position/Budg Recommended by Super			Date	Approved by Dean			Date
Andrea Shropshire, DNP, MSN, RN and the shropshire, DNP, MSN, RN a						Digitally signed by P	aul J. Quinn
Approved by Division C	Date: 2019.07	Degree Nursing, email=shropshire 1.08 10:11:57 -05'00'	Date	Approved by Vice 1		Date: 2019.07.12 11	:06:59 -05'00' Date
Carol Derkowski Digitally signed by Carol Derkowski						0.10	-16
Approved by Cabinet Le	Dute. 2	2019.07.11 10:18	:06 -05'00' Date	Reviewed by Huma	an Resources	1-13	Date
TFTTT of Submer Ex			Dute	gue	300	D' D' or	1/22/19
Budget Approval	•		Date	Approved by Presid	A P		Date
BOKm.	- 		7/17/19	R	2 form	Cin D) 7	7-23-19
Reg. 821 HR	Requisition Number	- 1907	0032-	1 guna	AREA AREA	Revised N	May 29, 2014
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					1101	(unital: IC	Augusta, 49 and 90 and 10