WVNCC Request for Personnel Action

Date			Dept					ampu	ıs				
Job Title	Employme			nt Per	iod: Start I	Date			End Date				
Hourly Empl	oyee Classif	ication Typ	e:										
] Temporary	(less than 9 i	months)	Casu	al (225	5 hours or le	ss) St	udent	Emp	loyee	Part-ti	me Regular	
Request Type: New Request Initial Appointment Adjustment to Original RPA Increase/Decrease B									n/Voi	Part-time Regular positions require approval from the President for new position request. President's Approval			
Recommended	Appointee:					Now	Request			Δdi	iustment to (Original RDA	
Last 4 digits SS#					Hourly Rate					Adjustment to Original RPA Hourly Rate			
Address					Maximum Total Hours					Maximum Total Hours			
City					Maximum Wages					Maximum Wages			
State/Province					Benefits (8.11%)					Benefits (8.11%)			
Zip/Postal Code					Total Compensation					Total Compensation			
Justification					Human Resource Office Use Only								
						Date Paid	Amount P	aid H	Hours		Balance Hrs	Balance Dollars	
	Appro	val Sig	nature	S									
Supervisor				Date									
Dept Administ	rator			Date									
Chief HR Office	er			Date									
Comments:													

Copy sent to Supervisor

Budget Balance

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