

Banner ID # @ 00034083	Last Name Bowie, Constance P	First	Middle Initial	Telephone 713-972-4918
Address 918 Squirrel Road, Richmond, TX 77469		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 checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Change from part time to full time
<input type="radio"/> Full-Time <input checked="" 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 _____ Job Vacancy No.: (if applicable) _____

Job Title/Position _____ Specialized Area: _____

Budgeted Position? Yes No Funded in which FY? _____

Budget Number: _____ Position No. (NBAPOSN): _____

Compensation: \$ _____	<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched _____ Grade _____ Step _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: _____ End Date: _____ At-will-employee 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) _____

PROPOSED Division/Unit: Allied Health Job Vacancy No.: (if applicable) 1805 F 037

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: ADN

Budgeted Position? Yes No Name of Replaced Employee: Amber McKenzie Funded in which FY? FY18

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN003

Compensation: \$ 57,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 3A _____ Step 21 _____	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: 08/20/18 At-will-employee Per contract If temporary, anticipated termination date: N/A

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

Explanation of Action: _____

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head <i>[Signature]</i>	Date 6/28/18	Approved by Dean	Date
Approved by Division Chair <i>[Signature]</i>	Date 6-29-18	Approved by Vice President <i>[Signature]</i>	Date 6-29-18
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date 07/03/18
Budget Approval <i>[Signature]</i>	Date 7/3/18	Approved by President <i>[Signature]</i>	Date 7-05-18

RECEIVED
Vice President of Instruction
Date: 6/29/18 Initial: K

[Handwritten initials]