

Banner ID # @	Last Name Korenek, Patricia	First Patricia	Middle Initial	Telephone
Address		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 type="radio"/> Full-Time <input type="radio"/> Part-Time	<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)
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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) N/A

Job Title/Position: Instructor of ADN Specialized Area: ADN

Budgeted Position? Yes No Funded in which FY? FY22

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN006

Compensation: \$ 86,068	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 37	Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = \$ N/A per year
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Start Date: 08/29/11 End Date: N/A 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)

PROPOSED Division/Unit: Allied Health Job Vacancy No.: (if applicable) N/A

Job Title/Position: Instructor of ADN Specialized Area: ADN

Budgeted Position? Yes No Name of Replaced Employee: N/A Funded in which FY? FY23

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN006

Compensation: \$ 86,734	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 38	Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = \$ N/A per year
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Start Date: 09/01/22 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: Adjustment for longevity as agreed upon February/March 2015

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN Digitally signed by Andrea Shropshire, DNP, MSN, RN Date: 2022.08.17 12:04:58 -05'00'	Date	Approved by Dean Donald S Smith Digitally signed by Donald S Smith Date: 2022.08.17 13:40:55 -05'00'	Date
Approved by Division Chair Carol Derkowski Digitally signed by Carol Derkowski Date: 2022.08.17 15:01:52 -05'00'	Date	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2022.08.17 13:22:41 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date
Budget Approval <i>[Signature]</i>	Date 08/19/2022	Approved by President <i>[Signature]</i>	Date 8/22/22