

Banner ID #	Last Name CRUZ, CYNTHIA A	First	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="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<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: ALLIED HEALTH	Job Vacancy No.: (if applicable) 1312-F-098
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING	Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY18
Budget Number: 1110.14181.6091.102	Position No. (NBAPOSN): ADN002
Compensation: \$ 60,050 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>2A</u> Step <u>28</u> Hourly Rate: (Part-time only) \$ <u>NA</u> per hr x <u>NA</u> hrs/wk x <u>NA</u> wks = \$ <u>NA</u> per year
Start Date: 08-22-2017 End Date: _____	<input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> 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) 1312-F-098
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING	Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No Name of Replaced Employee: NA	Funded in which FY? FY19
Budget Number: 1110.14181.6091.102	Position No. (NBAPOSN): ADN002
Compensation: \$ 60,550 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>2A</u> Step <u>29</u> Hourly Rate: (Part-time only) \$ <u>NA</u> per hr x <u>NA</u> hrs/wk x <u>NA</u> wks = \$ <u>NA</u> per year
Start Date: 08-20-2018 End Date: _____	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> 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)

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 <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN DN: cn=Andrea Shropshire, DNP, MSN, RN, o=Wharton County Junior College, ou=Associate Degree Nursing, email=ashropshire@wcjc.edu, c=US Date: 2018.07.29 17:05:29 -0500</small>	Approved by Dean
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski DN: cn=Carol Derkowski, o=WCJC, ou=Allied Health/Dental Hygiene, email=cderk@wcjc.edu, c=US Date: 2018.08.03 10:04:27 -0500</small>	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins DN: cn=Leigh Ann Collins, o=WCJC, ou=VP, email=lcollins@wcjc.edu, c=US Date: 2018.08.03 13:03:56 -0500</small>
Approved by Cabinet Level Supervisor 	Reviewed by Human Resources <i>Judy J. Jones</i> 08/06/18
Budget Approval <i>B. Kocia</i> 8/6/18	Approved by President <i>Boyd B. Melnick</i> 8-10-18