

Banner ID # @	Last Name Ross, Sonja	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 checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)		<input type="checkbox"/> Other (explain)
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? <input checked="" type="radio"/> Yes <input type="radio"/> No				Funded in which FY?
Budget Number:				Position No. (NBAPOSN):
Compensation: \$	<input checked="" 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	
Start Date:	End Date:	<input checked="" type="checkbox"/> At-will-employee <input type="checkbox"/> Per contract	If temporary, anticipated termination date:	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
PROPOSED Division/Unit: Allied Health / Vocational Instruction				Job Vacancy No.: (if applicable) 2509 F 005
Job Title/Position: Instructor of Health Information Technology				Specialized Area: HIT
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Robin Matzke			Funded in which FY? FY26
Budget Number: 1110-14189-6091-102				Position No. (NBAPOSN): HIT002
Compensation: \$ 54,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 10	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year	
Start Date: 01/05/26	<input checked="" type="checkbox"/> At-will-employee <input type="checkbox"/> Per contract		If temporary, anticipated termination date: n/a	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
Explanation of Action:				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head Debbie Lutringer	Date Digitally signed by Debbie Lutringer Date: 2025.11.18 08:28:50 -06'00'		Approved by Dean	Date
Approved by Division Chair Carol J. Derkowski, RDH, MAIE	Date Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.11.18 15:43:02 -06'00'		Approved by Vice President Leigh Ann Collins	Date Digitally signed by Leigh Ann Collins Date: 2025.11.18 16:53:10 -06'00'
Approved by Cabinet Level Supervisor	Date		Reviewed by Human Resources <i>Leigh Ann Collins</i> Approved by President <i>Leigh Ann Collins</i>	Date 11-24-25 11-24-25
Budget Approval <i>Leigh Ann Collins</i>	Date 11-20-25			Date 11-24-25