



Person ID #	Last Name Malmberg, Eric D.	First Eric D.	Middle Initial	Telephone
Address		City		State Zip

Part I: Check all that apply

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	<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)
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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: _____ Job Vacancy No.: (if applicable) _____

Job Title/Position: _____ Specialized Area: _____

Budgeted Position? Yes No Funded in which FY? _____

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

Compensation: Annual Hourly Other (explain) _____

Sched _____ Grade _____ Step _____

Hourly Rate: (Part-time only)
\$ _____ per hr x _____ hrs/wk x _____ wks =
\$ _____ per year

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: Administrative Services Job Vacancy No.: (if applicable) 1704 A 008

Job Title/Position: Director of Sugar Land Campus Specialized Area: Sugar Land Campus

Budgeted Position? Yes No Name of Replaced Employee: Robert Wolter Funded in which FY? FY18

Budget Number: 1610-113-6093-400 Position No. (NBAPOSN): DIR006

Compensation: Annual Hourly Other (explain) \$ 70,068

Sched CA _____ Grade 10 _____ Step 10 _____

Hourly Rate: (Part-time only)
\$ N/A per hr x _____ hrs/wk x _____ wks =
\$ _____ per year

Start Date: January 3, 2018 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>B. B. Kocia</i>	Date 10/18/17	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President <i>B. B. Kocia</i>	Date 10/18/17
Approved by Cabinet Level Supervisor <i>B. B. Kocia</i>	Date 10/18/17	Reviewed by Human Resources <i>Judy Jones</i>	Date 10-18-17
Budget Approval <i>B. B. Kocia</i>	Date 10/18/17	Approved by President <i>Betty A. Malmberg</i>	Date 10-18-17