



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="radio"/> Full-Time <input checked="" 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 checked="" type="checkbox"/> Other (explain) Completion of additional graduate hours
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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)
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY17
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADN002
Compensation: \$ 66,558 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 26 Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 01/13/14	End Date: N/A
<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: N/A
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: Allied Health	Job Vacancy No.: (if applicable)
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: N/A
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADN002
Compensation: \$ 67,141 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1A Step 26 Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 01/01/17	End Date: N/A
<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: N/A
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action: **to SCH for graduate level**

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head <i>[Signature]</i>	Date 2/1/17	Approved by Dean <i>[Signature]</i>	Date 2/5/17
Approved by Division Chair <i>[Signature]</i>	Date 2-1-17	Approved by Vice President <i>[Signature]</i>	Date 2-7-17
Approved by Cabinet Level Supervisor <i>[Signature]</i>	Date	Reviewed by Human Resources <i>[Signature]</i>	Date 02/09/17
Budget Approval <i>[Signature]</i>	Date 2/9/17	Approved by President <i>[Signature]</i>	Date 2-10-17