

Banner ID #	Last Name Jefferson, Troy R.	First	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="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<input type="radio"/> Full-Time <input 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: _____ 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: _____ Job Vacancy No.: (if applicable) **1905 A 011**

Instruction _____ Specialized Area: **Student Life**

Job Title/Position: **Director of Student Life**

Budgeted Position? Yes No Name of Replaced Employee: **n/a** Funded in which FY? **FY20**

Budget Number: **1110-14103-6093-501** Position No. (NBAPOSN): **DIR031**

Compensation: Annual Hourly Other (explain) _____
 \$ **70,735** Sched **CA** Grade **10** 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: **09/03/2019** **8-15-19** **Luc** 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 _____ Date _____	Approved by Dean _____ Date _____
Approved by Division Chair _____ Date _____	Approved by Vice President Luc 8-7-15 Date _____
Approved by Cabinet Level Supervisor _____ Date _____	Reviewed by Human Resources Jefferson 8-9-18 Date _____
Budget Approval B. D. Kocian _____ Date 8/9/19	Approved by President Berry A. McCubbin 8-12-19 Date _____