

Banner ID # @	Last Name Ross, Baylee S.	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 checked="" 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? <input type="radio"/> Yes <input type="radio"/> No	Funded in which FY?
Budget Number:	Position No. (NBAPOSN):
Compensation: <input 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="radio"/> At-will-employee <input type="radio"/> Per contract If temporary, anticipated termination date:

Position is funded for the following number of months/weeks:
 9 months 10 ½ months 12 months Other (specify)

PROPOSED Division/Unit: Instruction / Allied Health	Job Vacancy No.: (if applicable) 2406 F 020
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Amy Pendergraft
Budget Number: 1110-14181-6091-102	Funded in which FY? FY25
Position No. (NBAPOSN): ADN004	
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) \$ 65,971	Sched FAC Grade 1 Step 16 Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 09/23/24	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract If temporary, anticipated termination date: n/a

Position is funded for the following number of months/weeks:
 9 months 10 ½ months 12 months Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Sandra Davis <small>Digitally signed by Sandra Davis Date: 2024.08.29 15:32:26 -05'00'</small>	Approved by Dean
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2024.08.29 10:19:55 -05'00'</small>	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2024.08.29 16:59:41 -05'00'</small>
Approved by Cabinet Level Supervisor 	Reviewed by Human Resources
Budget Approval Betty A. McCreesh <small>Digitally signed by Betty A. McCreesh Date: 9/3/24</small>	Approved by President Betty L. McCreesh <small>Digitally signed by Betty L. McCreesh Date: 9-3-24</small>