

Employee ID	Last Name Jacobs, Jeanette	First	Middle Initial	Telephone
City			State	Zip

Part I: Check all that apply

Classification: <input 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"/> 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 checked="" 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: Allied Health Job Vacancy No.: (if applicable) 1909 F 062

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: Associate Degree Nursing

Budgeted Position? Yes No Name of Replaced Employee: Deborah Wrenny Funded in which FY? FY20

Budget Number: 1110-14181-8091-102 Position No. (NBAPOSN): ADN008

Compensation: \$ 67,723
 Annual
 Hourly
 Other (explain) _____

Sched FAC
 Grade 3 3
 Step 21 21

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

Start Date: 08/11/20 08/24/20 At-will-employee
 Per contract

If temporary, anticipated termination date: r/w

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: 4/29/20	Approved by President	Date: 5/7/20
Approved by Division Chair	Date: 5-7-2020	Approved by Vice President	Date: 5/12/20
Approved by Cabinet Level Supervisor	Date: _____	Reviewed by Human Resources	Date: 5/12/20
Budget Approval: B. Stocian	Date: 5/12/2020	Approved by President: [Signature]	Date: 5-12-20