

Banner ID #	Last Name Tomek, Beverly C.	First	Middle Initial	Telephone
Address		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="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)	Scheduled _____ Grade _____ Step _____
Start Date: End Date:	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year	
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: Social & Behavioral Science	Job Vacancy No.: (if applicable) 1912 F 076
Job Title/Position: Instructor of History	Specialized Area: History
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Bob Nottebart
Budget Number: 1110-14701-6091-100	Funded in which FY? 21
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Scheduled FAC _____ Grade 7 _____ Step 10 _____
Start Date: 08/24/2020 End Date:	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year	
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 <i>[Signature]</i>	Date 1/13/20	Approved by Dean	Date
Approved by Division Chair <i>Amanda Shelton</i>	Date 1-13-20	Approved by Vice President <i>[Signature]</i>	Date 1-14-20
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date 1-23-20
Budget Approval <i>[Signature]</i>	Date 1/22/2020	Approved by President <i>[Signature]</i>	Date 1-24-20