

Banner ID # @	Last Name Garcia-Estrada, Patricia	First Patricia	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 checked="" type="checkbox"/> Other (explain)  <b>Change in title/assignment (Changing from part time to full time faculty)</b>
<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.

<b>CURRENT</b> 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 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 1/2 months  12 months  Other (specify)

<b>PROPOSED</b> Division/Unit: Vocational Instruction / Allied Health	Job Vacancy No.: (if applicable) 2311 F 062
Job Title/Position: Dental Hygiene Instructor, Supervising Dentist	Specialized Area: Dental Hygiene
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Garland Novosad
Funded in which FY? FY24	
Budget Number: 1110-14182-6091-102	Position No. (NBAPOSN): DEN006
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>7</u> Step <u>48</u>
\$ <u>90,472</u>	Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year
Start Date: <u>08/19/24</u>	<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 1/2 months  12 months  Other (specify)

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Carol Derkowski</b> Digitally signed by Carol Derkowski Date: 2024.04.17 16:01:59 -05'00'	Date	Approved by Dean	Date
Approved by Division Chair <b>Carol Derkowski</b> Digitally signed by Carol Derkowski Date: 2024.04.17 16:02:07 -05'00'	Date	Approved by Vice President <b>Leigh Ann Collins</b> Digitally signed by Leigh Ann Collins Date: 2024.04.17 15:16:39 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval <b>B. Stokerson</b>	Date <u>04/22/2024</u>	Approved by President <b>Steve C. Melnick</b>	Date <u>4-23-24</u>