

Banner ID # @	Last Name Kern, Kristine L.	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 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"/> Temporary <input checked="" type="radio"/> Regular	<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: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: Vocational Science / Instruction	Job Vacancy No.: (if applicable) 2407 F 026
Job Title/Position: Instructor of Emergency Medical Services	Specialized Area: EMS
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a
Budget Number: 1210-14026-6091-102	Funded in which FY? FY25
Budget Number:	Position No. (NBAPOSN): EMT006
Compensation: \$ 71,403	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched FAC Grade 1 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: 09/18/24	End Date:
	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
If temporary, anticipated termination date: n/a	
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Gary Bonewald Digitally signed by Gary Bonewald Date: 2024.08.26 15:11:19 -05'00'	Date	Approved by Dean Danny Bacot Digitally signed by Danny Bacot Date: 2024.08.26 14:09:50 -05'00'	Date
Approved by Division Chair Timothy Guin Digitally signed by Timothy Guin Date: 2024.08.26 13:09:48 -05'00'	Date	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2024.08.26 15:05:57 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date 9/5/24
Budget Approval <i>[Signature]</i>	Date 9/12/24	Approved by President <i>[Signature]</i>	Date 9-12-24