

Banner ID # @	Last Name Feyen	First Michael	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 type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" 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: Administrative Services	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Facilities Management	Specialized Area:
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY19
Budget Number: 1110-1191-6093-700	Position No. (NBAPOSN): DIR011
Compensation: \$ 87,401.00	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 01/23/1995	End Date: <input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year	
Hourly Rate: (Part-time only) \$ _____ per year	
If temporary, anticipated termination date:	

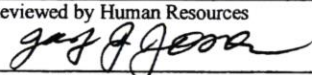
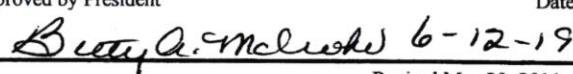
Position is funded for the following number of months/weeks:
 9 months 10 ½ months 12 months Other (specify)

PROPOSED Division/Unit: Administrative Services	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Facilities Management	Specialized Area:
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY19
Budget Number: 1110-1191-6093-700	Position No. (NBAPOSN): DIR011
Compensation: \$ 97,402.00	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 07/01/2019	End Date: <input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year	
Hourly Rate: (Part-time only) \$ _____ 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)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Bryce Kocian <small>Digitally signed by Bryce Kocian DN: cn=Bryce Kocian, o, ou, email=brycek@wcjc.edu, c=US Date: 2019.06.10 11:34:45 -0500</small>	Approved by Dean _____ Date
Approved by Division Chair _____ Date	Approved by Vice President Bryce Kocian <small>Digitally signed by Bryce Kocian DN: cn=Bryce Kocian, o, ou, email=brycek@wcjc.edu, c=US Date: 2019.06.10 11:34:58 -0500</small>
Approved by Cabinet Level Supervisor Bryce Kocian <small>Digitally signed by Bryce Kocian DN: cn=Bryce Kocian, o, ou, email=brycek@wcjc.edu, c=US Date: 2019.06.10 11:34:33 -0500</small>	Reviewed by Human Resources  6-10-19 Date
Budget Approval _____ Date	Approved by President  6-12-19 Date