



Banner ID # @	Last Name Habib, Nabeel	First	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 checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	<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)
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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: Vocational Instruction Job Vacancy No.: (if applicable) 2210 A 046

Job Title/Position: Continuing Education Corporate Coordinator Specialized Area: Continuing Education

Budgeted Position? Yes No Name of Replaced Employee: Tamara Sealy Funded in which FY? FY23

Budget Number: 1210-14027-6093-103 Position No. (NBAPOSN): CRD016

Compensation: \$ 61,403 Annual Hourly Other (explain) _____

Sched AA _____ Grade 1 _____ Step 7 _____

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

Start Date: 03/20/23

At-will-employee
 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 Danny Bacot Digitally signed by Danny Bacot Date: 2023.02.27 13:16:39 -06'00'	Date	Approved by Dean Donald S Smith Digitally signed by Donald S Smith Date: 2023.02.27 13:26:41 -06'00'	Date
Approved by Division Chair	Date	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2023.02.27 16:13:17 -06'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date
Budget Approval <i>[Signature]</i>	Date 03/06/2023	Approved by President <i>[Signature]</i>	Date 3-6-23