

Banner ID #	Last Name Jones, Tiffany L.	First	Middle Initial	Telephone
Address 1		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="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) Change from part time to full 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) \$ _____	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)

PROPOSED Division/Unit: Communications and Fine Arts	Job Vacancy No.: (if applicable) 1603 F 011
Job Title/Position: Instructor of Speech	Specialized Area: Speech
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY16
Budget Number: 1610-14507-6091-100	Position No. (NBAPOSN): SPE003
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) \$ 45,050	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 08/22/16 <input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> 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	Date	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval	Date	Approved by President	Date

Patrick Ralls 5/9/16 *5-9-16* *5-9-16*