



Banner ID # @	Last Name Wetz, Amanda K	First	Middle Initial	Telephone
Address		City	State	Zip

Part I: Check all that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input type="radio"/> Regular	<input checked="" type="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> 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: _____ 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 ½ months 12 months Other (specify) _____

PROPOSED Division/Unit: Vocational Science / Instruction Job Vacancy No.: (if applicable) 2501 F 002

Job Title/Position: Instructor of EMS (Temporary) Specialized Area: EMS

Budgeted Position? Yes No Name of Replaced Employee: n/a Funded in which FY? FY25

Budget Number: 1210-14026-6091-102 Position No. (NBAPOSN): EMT07T

Compensation: Annual Hourly Other (explain) \$ 71,403

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: 01/22/25 At-will-employee Per contract

If temporary, anticipated termination date: 08/31/25

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 Karl Johnson Digitally signed by Karl Johnson Date: 2025.01.07 14:37:15 -06'00'	Date	Approved by Dean Danny Bacot Digitally signed by Danny Bacot Date: 2025.01.07 15:59:50 -06'00'	Date
Approved by Division Chair Gary Bonewald Digitally signed by Gary Bonewald Date: 2025.01.07 15:12:31 -06'00'	Date	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.01.07 16:20:19 -06'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date: 1/13/25
Budget Approval BOK <i>[Signature]</i>	Date: 1/13/25	Approved by President <i>[Signature]</i>	Date: 1-13-25