

Banner ID # @	Last Name Holley, Bruce	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 checked="" type="radio"/> Regular	<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 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:	<input type="radio"/> Annual <input type="radio"/> Hourly <input checked="" type="radio"/> Other (explain)	Sched _____	Grade _____	Step _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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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 Instruction Job Vacancy No.: (if applicable) 2307 F 035

Job Title/Position: Continuing Education Instructor - Carpentry Specialized Area: Continuing Education

Budgeted Position? Yes No Name of Replaced Employee: n/a Funded in which FY? FY24

Budget Number: 1510-14027-6091-103 Position No. (NBAPOSN): CEC001

Compensation:	<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
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Start Date: 10/18/23 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 ½ 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: 2023.09.20 07:45:04 -05'00'	Date _____ Approved by Dean _____ Date _____
Approved by Division Chair _____ Date _____	Approved by Vice President <i>Leigh Ann Collins</i> 9-21-23
Approved by Cabinet Level Supervisor _____ Date _____	Reviewed by Human Resources <i>Rachel Johnson</i> 9-27-23
Budget Approval <i>B. D. Kocian</i> Date 09/27/2023	Approved by President <i>Scott McQuinn</i> 9-27-23