



Banner ID # _____	Last Name Oglesbee, Jill Marie	First Jill Marie	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 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 type="radio"/> Temporary <input checked="" type="radio"/> Regular	<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 1/2 months  12 months  Other (specify) \_\_\_\_\_

**PROPOSED** Division/Unit: Social and Behavioral Science Job Vacancy No.: (if applicable) 1809 F 053

Job Title/Position: Instructor of Government Specialized Area: Government

Budgeted Position?  Yes  No Name of Replaced Employee: n/a Funded in which FY? FY19

Budget Number: 1210-14703-6091-100 Position No. (NBAPOSN): GOV007

Compensation:  Annual  Hourly  Other (explain) \_\_\_\_\_

\$ 46,550

Sched FAC \_\_\_\_\_ Grade 1 \_\_\_\_\_ Step 3 \_\_\_\_\_

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

Start Date: 08/19/19  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 <i>Elyse A. Berford</i> Date: 4/1/19	Approved by Dean _____ Date: _____
Approved by Division Chair Amanda Shelton Digitally signed by Amanda Shelton Date: 2019.04.01 08:52:28 -05'00'	Approved by Vice President <i>Luc</i> Date: 4-2-19
Approved by Cabinet Level Supervisor _____ Date: _____	Reviewed by Human Resources <i>Judy Jones</i> Date: 04/03/19
Budget Approval <i>B. Stacia</i> Date: 4/3/19	Approved by President <i>Robert J. Malachuk</i> Date: 4-2-19