



Banner ID # @	Last Name Calzada, Georgeann	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 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? <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)
Sched _____ Grade _____ Step _____	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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: Administrative Services	Job Vacancy No.: (if applicable) 2205 A 022
Job Title/Position: Director of Fort Bend County Campuses	Specialized Area: Fort Bend County Campuses
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Timothy Prasifka
Budget Number: 1210-111-6093-400 50%, 1610-113-6093-400 50%	Funded in which FY? FY23
Budget Number:	Position No. (NBAPOSN): DIR035
Compensation: \$ 75,402	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched CA Grade 15 Step 9	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 09/21/22	End Date:
	<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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head <i>B. B. B.</i>	Date 09/06/2022	Approved by Dean <i>[Signature]</i>	Date
Approved by Division Chair <i>B. B. B.</i>	Date	Approved by Vice President <i>B. B. B.</i>	Date 09/06/2022
Approved by Cabinet Level Supervisor <i>B. B. B.</i>	Date	Reviewed by Human Resources <i>[Signature]</i>	Date 9/06/22
Budget Approval <i>B. B. B.</i>	Date 09/06/2022	Approved by President <i>Betty A. Melus</i>	Date 9-7-22