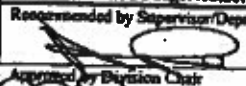
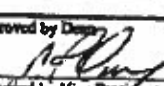

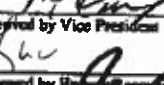
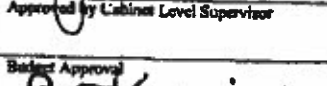
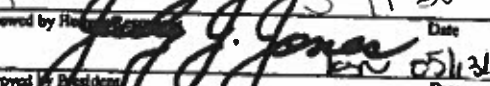

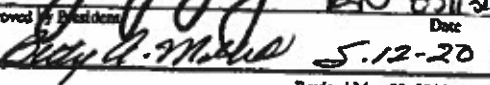


Banner ID #		Last Name		First	Middle Initial	Telephone	
Address		City		State		Zip	
Part I: Check all that apply Classification: <input type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular							
<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)		<input checked="" type="checkbox"/> Other (explain) Moving from part time to full time status.					
<input type="radio"/> Full-Time <input checked="" 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. (NBAPSN):			
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="checkbox"/> At-will-employee <input checked="" type="checkbox"/> 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:				Job Vacancy No.: (if applicable):			
Allied Health				2002 F 013			
Job Title/Position:				Specialized Area:			
Instructor of Associate Degree Nursing				Associate Degree Nursing			
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No		Name of Replaced Employee: Amy Conover		Funded in which FY? FY20			
Budget Number: 1110-14181-6091-102				Position No. (NBAPSN): ADN006			
Compensation:		<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)		Sched <u>FAC</u> Grade <u>1A</u> Step <u>20</u>		Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year	
Start Date: 08/17/20				<input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract		If temporary, anticipated termination date: n/a	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)							
Explanation of Action:							
Part III: Position/Budget Authorization							
Recommended by Supervisor/Department Head				Approved by Dept			
 Date: 4/29/20				 Date: 5/12/20			
Approved by Division Chair				Approved by Vice President			
 Date: 5-7-2020				 Date: 5-11-20			
Approved by Cabinet Level Supervisor				Reviewed by Human Resources			
 Date: 05/13/2020				 Date: 05/13/20			
Budget Approval				Approved by President			
 Date: 5.12.20				 Date: 5.12.20			