

Banner ID # @	Last Name Taylor, Wanda F	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 type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Salary adjustment per BOT approval 10/15/2024
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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: Allied Health/Vocational Instruction	Job Vacancy No.: (if applicable) 2301 F 004
Job Title/Position: Simulation Lab Coordinator	Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY25
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADC001
Compensation: \$ 55,050 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 1 _____ Step 13 _____ Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = \$ N/A per year
Start Date: 08/21/23 End Date: N/A	<input 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:
 9 months 10 ½ months 12 months Other (specify)

PROPOSED Division/Unit: Allied Health/Vocational Instruction	Job Vacancy No.: (if applicable) 2301 F 004
Job Title/Position: Simulation Lab Coordinator	Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No Name of Replaced Employee: N/A	Funded in which FY? FY25
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADC001
Compensation: \$ 60,050 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 1 _____ Step 23 _____ Hourly Rate: (Part-time only) \$ N/A per hr x N/A hrs/wk x N/A wks = \$ N/A per year
Start Date: 11/01/2024 End Date: _____	<input 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:
 9 months 10 ½ months 12 months Other (specify)

Explanation of Action:
 Salary increase.

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Sandra Davis <small>Digitally signed by Sandra Davis Date: 2024.11.13 10:23:12 -06'00'</small>	Approved by Dean
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2024.11.18 14:00:17 -06'00'</small>	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2024.10.30 11:38:43 -05'00'</small>
Approved by Cabinet Level Supervisor 	Reviewed by Human Resources <i>[Signature]</i> 11-19-24
Budget Approval <i>[Signature]</i> Betty A. McCracken Date: 11-18-24	Approved by President <i>[Signature]</i> Betty A. McCracken Date: 11-19-24