Banner ID # @	Last Name First Middle Initial Giesalhart, Darlene		Telephone
Address		City	State Zip

Part I: Check *all* that apply

Classification:
- ○ Administrative/Professional Staff
- ◉ Faculty
- ○ Support Staff
- ◉ Temporary ◉ Full-Time
- ○ Regular ○ Part-Time

- ☑ New Employee
- ☐ Extension
- ☐ Salary Adjustment
- ☐ Separation (date:_____)

☑ Other (explain)

Changing from PT EMS Instructor to TFT Instructor of EMS

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 ½ months ◉ 12 months ○ Other (specify)

PROPOSED Division/Unit:
Vocational Science / Instruction

Job Vacancy No.: (if applicable)
2401 F 004

Job Title/Position:
Instructor of EMS

Specialized Area:
EMS / Vocational Science

Budgeted Position? ◉ Yes ○ No   Name of Replaced Employee: n/a

Funded in which FY? FY24

Budget Number: 1110-14026-6091-102

Position No. (NBAPOSN): EMT05T

Compensation: $ 69,402	◉ Annual ○ Hourly ○ 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

Start Date: 02/12/24		◉ At-will-employee ◉ Per contract	If temporary, anticipated termination date: 02/20/24

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	Date	Approved by Dean	Date
Gary Bonewald Digitally signed by Gary Bonewald Date: 2024.01.23 15:12:22 -06'00'			
Approved by Division Chair	Date	Approved by Vice President	Date
Timothy Guin Digitally signed by Timothy Guin Date: 2024.01.23 15:19:55 -06'00'		**Leigh Ann Collins** Digitally signed by Leigh Ann Collins Date: 2024.01.23 14:34:55 -06'00'	
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date 1/25/24
Budget Approval *B. O Kocian*	Date 01/24/2024	Approved by President *Betty McCrah*	Date 1-25-24

Reg. 821   HR Requisition Number Ⴎ 2401 0001

Revised May 29, 2014