

Banner ID #	Last Name Fira	First Sara	Middle Initial P	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="radio"/> Temporary <input type="radio"/> Regular	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input checked="" type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Renew temp position
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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: _____ Job Vacancy No.: (if applicable) N/A

Instruction _____

Job Title/Position: GPS Campus Student Success Project Coordinator/Online Academic Advising Specialized Area: GPS

Budgeted Position? Yes No Funded in which FY? FY18

Budget Number: 1110.14101.6093.503 Position No. (NBAPOSN): CRD18T

Compensation: \$ 56,068	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched AA _____ Grade 1 _____ Step 2 _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: 9/1/17 End Date: 8/31/18 At-will-employee Per contract If temporary, anticipated termination date: 8/31/18

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: _____ Job Vacancy No.: (if applicable) N/A

Instruction _____

Job Title/Position: GPS Campus Student Success Project Coordinator/Online Academic Advising Specialized Area: GPS

Budgeted Position? Yes No Name of Replaced Employee: _____ Funded in which FY? FY19

Budget Number: 1110.14101.6093.503 Position No. (NBAPOSN): CRD18T

Compensation: \$ 56,068	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched AA _____ Grade 1 _____ Step 2 _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: 9/1/18 At-will-employee Per contract If temporary, anticipated termination date: 8/31/19

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

Explanation of Action:
Continue current duties

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head _____ Date _____	Approved by Dean _____ Date _____
Approved by Division Chair _____ Date _____	Approved by Vice President Leigh Ann collins _____ Date _____
Approved by Cabinet Level Supervisor _____ Date _____	Reviewed by Human Resources <i>[Signature]</i> 4-9-18 _____ Date _____
Budget Approval <i>[Signature]</i> _____ Date _____	Approved by President <i>[Signature]</i> 4-8-18 _____ Date _____