



Banner ID #	Last Name Goins, Natasha	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 checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Completed hours towards PhD
<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: Allied Health	Job Vacancy No.: (if applicable) 1302 F 024
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY17
Budget Number: 1610-14181-6091-102	Position No. (NBAPOSN): ADN009
Compensation: \$ 58,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched FAC _____ Grade 1 Step 28	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 08/20/12	End Date: N/A <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:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: Allied Health	Job Vacancy No.: (if applicable) 1302 F 024
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: N/A
Budget Number: 1610-14181-6091-102	Position No. (NBAPOSN): ADN009
Compensation: \$ 58,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched FAC _____ Grade 1A Step 28	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 8/22/2016	<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:
 9 months 10 1/2 months 12 months Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head <i>Rebecca Yancy</i>	Date 10/20/16	Approved by Dean <i>Megan West</i>	Date 10/23/16
Approved by Division Chair <i>[Signature]</i>	Date 10/21/16	Approved by Vice President <i>[Signature]</i>	Date 11-11-16
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>Judy Jones</i>	Date 11/14/16
Budget Approval <i>B. Goins</i>	Date 11/21/16	Approved by President <i>[Signature]</i>	Date 11-28-16