

Banner ID # @	Last Name Gardon, Shannon	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 checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<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:	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. (NBAPOSN):
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="radio"/> At-will-employee <input type="radio"/> 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: Student Success	Job Vacancy No.: (if applicable) 2207 F 041
Job Title/Position: Counselor	Specialized Area: Counseling and Disability Services
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Jimmie Flanagin
Budget Number: 1610-14101-6093-503	Funded in which FY? FY23
Budget Number: 1610-14101-6093-503	Position No. (NBAPOSN): COU004
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) \$ 68,068	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: 09/21/22	<input checked="" 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 type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Amber Barbee <small>Digitally signed by Amber Barbee DN: cn=Amber Barbee, o=WCJC, email=barbee@wcjc.edu, c=US Date: 2022.09.07 16:18:20 -0500</small>	Date _____ Approved by Dean Lindsey McPherson <small>Digitally signed by Lindsey McPherson DN: cn=Lindsey McPherson, o=WCJC, ou, email=lmcpherson@wcjc.edu, c=US Date: 2022.09.07 16:03:07 -0500</small>
Approved by Division Chair Date _____	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2022.09.07 16:00:02 -05'00'</small>
Approved by Cabinet Level Supervisor Date _____	Reviewed by Human Resources  9/23/22
Budget Approval 	Approved by President  9-26-22