



Banner ID # @	Last Name Novak, Jason P.	First	Middle Initial	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 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:
☐ 9 months ☐ 10 ½ months ☐ 12 months ☐ Other (specify)

PROPOSED Division/Unit: Administration			Job Vacancy No.: (if applicable) 2403 A 004
Job Title/Position: Executive Director of Facilities Management			Specialized Area: Facilities Management
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Mike Feyen		Funded in which FY? FY25
Budget Number: 1110-1191-6093-700			Position No. (NBAPOSN): DIR011
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched CA Grade 15 Step 45	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 09/17/25		<input checked="" type="radio"/> At-will-employee <input 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:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date	Approved by Dean	Date	
Approved by Division Chair	Date	Approved by Vice President	Date	
		Amanda A. Allen	Digitally signed by Amanda A. Allen Date: 2025.08.27 06:59:43 -05'00'	
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date	
Budget Approval	Date	Approved by President	Date	