

Banner ID # @	Last Name Bahnsen, Rachel Y.	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 checked="" type="radio"/> Temporary <input type="radio"/> Regular	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	<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) Change in title/assignment
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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: Administrative Services	Job Vacancy No.: (if applicable) 1308 A 021
Job Title/Position: Assistant Director of Payroll & Benefits	Specialized Area: Payroll and Benefits
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY17
Budget Number: 1110.13021.6093.6002	Position No. (NBAPOSN): ADR004
Compensation: \$ 63,401	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 01/01/14	End Date: N/A
Sched AA Grade 1 Step 14	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> 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: Administrative Services	Job Vacancy No.: (if applicable) 1702 A 004
Job Title/Position: Acting Director of Payroll and Benefits	Specialized Area: Payroll and Benefits
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Conrad Kieler-on FMLA
Budget Number: 1110.13021.6093.6002	Funded in which FY? FY17
Budget Number: 1110.13021.6093.6002	Position No. (NBAPOSN): DIR01T
Compensation: \$ 72,067	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 02/27/17	End Date: N/A
Sched CA Grade 10 Step 14	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
	If temporary, anticipated termination date: 05/31/17

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>[Signature]</i>	Date 2-28-17	Approved by Dean	Date
Approved by Division Chair <i>[Signature]</i>	Date	Approved by Vice President <i>[Signature]</i>	Date 2/27/17
Approved by Cabinet Level Supervisor <i>[Signature]</i>	Date 2/27/17	Reviewed by Human Resources	Date
Budget Approval <i>[Signature]</i>	Date 2/27/17	Approved by President <i>[Signature]</i>	Date