

Banner ID #	Last Name Bowie, Constance P	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) change in contract length
<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) 1805 F 037

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: ADN

Budgeted Position? Yes No Funded in which FY? FY19

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN003

Compensation: \$ 58,050 Annual Hourly Other (explain) Sched FAC Grade 3A Step 21 Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year

Start Date: 08/20/18 End Date: N/A At-will-employee 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) 1805 F 037

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: ADN

Budgeted Position? Yes No Name of Replaced Employee: N/A Funded in which FY? FY19

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ~~ADN003~~ **ADN 004**

Compensation: \$ 67,724 Annual Hourly Other (explain) Sched FAC Grade 3A Step 21 Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year

Start Date: 01/14/19 At-will-employee 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: *replacement for Anada Renee 10.5 contract.*

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head <i>[Signature]</i>	Date 4/28/18	Approved by Dean	Date
Approved by Division Chair <i>[Signature]</i>	Date 11-30-18	Approved by Vice President <i>[Signature]</i>	Date 12-3-18
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date 12-4-18
Budget Approval <i>[Signature]</i>	Date 12/4/18	Approved by President <i>[Signature]</i>	Date 12-4-18