

Banner ID: #	Last Name Shropshire, Andrea M.	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 type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain) Completion of Doctorate Degree
<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)

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

Budgeted Position? Yes No Funded in which FY? FY17

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN005

Compensation: \$ 76,734	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 2A Step 24	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 08/18/14	End Date: N/A	<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: Allied Health Job Vacancy No.: (if applicable)

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

Budgeted Position? Yes No Name of Replaced Employee: N/A Funded in which FY? FY17

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN005

Compensation: \$ 83,401	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 7 Step 24	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 01/01/17		<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)

Explanation of Action: *Earned doctorate degree in field*

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date	Approved by Dean	Date
		<i>Megan Costello</i>	1/5/17
Approved by Division Chair	Date	Approved by Vice President	Date
<i>[Signature]</i>	1-4-17	<i>[Signature]</i>	1-5-17
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
		<i>[Signature]</i>	1-10-17
Budget Approval	Date	Approved by President	Date
<i>[Signature]</i>	1/19/17	<i>[Signature]</i>	1-12-17