



Employee Name <b>Spencer, Christian</b>	City	State	Zip
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**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="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) <b>Change in title/assignment</b>
<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: **Instruction/Communications and Fine Arts** Job Vacancy No.: (if applicable) **2107 F 021**

Job Title/Position: **Temporary Instructor of Speech** Specialized Area: **Speech**

Budgeted Position?  Yes  No Funded in which FY? **FY22**

Budget Number: **1110-14507-8091-100 40%, 1610-14507-8091-100 60%** Position No. (NBAPOSN): **SPE05T**

Compensation: **\$ 50,550**  Annual  Hourly  Other (explain) 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: **01/10/22** End Date: **n/a**  At-will-employee  Per contract If temporary, anticipated termination date: **05/31/22**

Position is funded for the following number of months/weeks:  
 9 months  10 1/2 months  12 months  Other (specify)

**PROPOSED** Division/Unit: **Instruction/Communications and Fine Arts** Job Vacancy No.: (if applicable) **2202 F 007**

Job Title/Position: **Instructor of Speech** Specialized Area: **Speech**

Budgeted Position?  Yes  No Name of Replaced Employee: **Pamela Speights** Funded in which FY? **FY22**

Budget Number: **1110-14507-8091-100 40%, 1610-14507-8091-100 60%** Position No. (NBAPOSN): **SPE005**

Compensation: **\$ 50,550**  Annual  Hourly  Other (explain) 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: **08/22/22**  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:  
**Benefits should be extended through 2022 summer months.**

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <i>[Signature]</i> Date: <b>5-20-2022</b>	Approved by Dean Date: _____
Approved by Division Chief <i>[Signature]</i> Date: <b>5/20/2022</b>	Approved by Vice President <b>Leigh Ann Collins</b> Digitally signed by Leigh Ann Collins Date: 2022.05.20 13:11:24 -05'00'
Approved by Cabinet Level Supervisor Date: _____	Reviewed by Human Resources <i>[Signature]</i> Date: <b>5/23/22</b>
Budget Approval <b>B. Okocian</b> Date: <b>05/23/2022</b>	Approved by President <i>[Signature]</i> Date: <b>5-24-22</b>