

Banner ID #	Last Name Pendergraft, Amy	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="radio"/> Full-Time <input checked="" 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 from part time to full time effective 08/19/19
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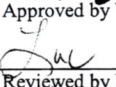
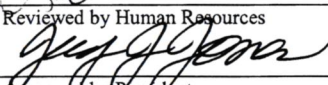


Part II: Assignment/Accounting Number of months/weeks below notes how the position is funded; it does not guarantee employment status for a person. All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures. Support Staff employees are at-will employees.

CURRENT Division/Unit:	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) \$ _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: _____ End Date: _____ <input checked="" 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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: Allied Health	Job Vacancy No.: (if applicable)
Job Title/Position: Full Time Instructor of Associate Degree Nursing	Specialized Area: ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY19
Name of Replaced Employee: Constance Bowie	
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADN004
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) \$ 64,807	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 08/19/19 <input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract	If temporary, anticipated termination date:
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN DN: cn=Andrea Shropshire, DNP, MSN, RN, o=Wharton County Junior College, ou=Associate Degree Nursing, email=ashropshire@wcjc.edu, c=US Date: 2019.07.02 16:14:12 -0500</small>	Approved by Dean  7-23-19
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2019.07.03 08:44:58 -05'00'</small>	Approved by Vice President  7-25-19
Approved by Cabinet Level Supervisor	Reviewed by Human Resources  7-31-19
Budget Approval  7/31/19	Approved by President  8-1-19

RECEIVED
 Vice President of Instruction
 Date: 7/23/19 Initial: TC

