

Banner ID # @	Last Name Kuban, Kayla	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 type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain)  <b>Change from Temporary Full Time to Regular Full Time</b>
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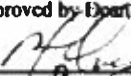
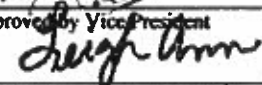
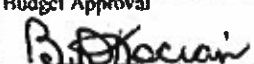
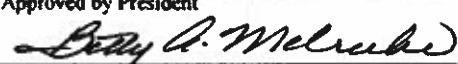
**Part II: Assignment/Accounting** Number of months/weeks below notes how the position is funded; it does not guarantee employment status for a person. All Administrative/Professional and Faculty (Contract) and Support Staff (Non-Contract) employees are employed according to WCJC Policies and Procedures. Support Staff employees are at-will employees.

<b>CURRENT</b> Division/Unit: Allied Health	Job Vacancy No.: (if applicable) 1909 F 053
Job Title/Position: Temporary Full Time Instructor of LVN	Specialized Area: Vocational Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY20
Budget Number: 1110-14184-6091-102	Position No. (NBAPOSN): LVN01T
Compensation: \$ 62,067 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched: FAC Grade: 1 Step: 2 Hourly Rate (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 01/06/2020 End Date: N/A	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract If temporary, anticipated termination date: 08/31/2020
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

<b>PROPOSED</b> Division/Unit: Allied Health	Job Vacancy No.: (if applicable)
Job Title/Position: Full Time Instructor of LVN	Specialized Area: Vocational Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Nancy Witt
Budget Number: 1110-14184-6091-102	Position No. (NBAPOSN): LVN001
Compensation: \$ 62,067 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched: FAC Grade: 1 Step: 2 Hourly Rate (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 09/01/2020	<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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Elizabeth Rohan</b> Digitally signed by Elizabeth Rohan Date: 2020.04.28 10:16:34 -05'00'	Date	Approved by Dept  Date: 4/30/20	Date
Approved by Division Chair <b>Carol Derkowski</b> Digitally signed by Carol Derkowski Date: 2020.04.28 11:54:13 -05'00'	Date	Approved by Vice President  Date: 4-30-20	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval  Date: 05/13/2020	Date	Approved by President  Date: 5-12-20	Date