

Banner ID # @	Last Name Davidson, NaQui L.	First	Middle Initial	Telephone
Address			City	State Zip

**Part I: Check all that apply**

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<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: \_\_\_\_\_ Job Vacancy No.: (if applicable) \_\_\_\_\_

Job Title/Position: \_\_\_\_\_ Specialized Area: \_\_\_\_\_

Budgeted Position?  Yes  No Funded in which FY? \_\_\_\_\_

Budget Number: \_\_\_\_\_ Position No. (NBAPOSN): \_\_\_\_\_

Compensation:	<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched _____ Grade _____ Step _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  At-will-employee  
 Per contract If temporary, anticipated termination date: \_\_\_\_\_

Position is funded for the following number of months/weeks:  
 9 months  10 ½ months  12 months  Other (specify) \_\_\_\_\_

**PROPOSED** Division/Unit: \_\_\_\_\_ Job Vacancy No.: (if applicable) **2103 A 012**

**Student Success** Specialized Area: **Student Life**

Job Title/Position: **Director of Student Life**

Budgeted Position?  Yes  No Name of Replaced Employee: **Troy Jefferson** Funded in which FY? **FY21**

Budget Number: **1110-14103-6093-501** Position No. (NBAPOSN): **DIR031**

Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>CA</u> Grade <u>10</u> Step <u>4</u>	Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year
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Start Date: **07/01/21**  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 ½ months  12 months  Other (specify) \_\_\_\_\_

Explanation of Action: \_\_\_\_\_

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Lindsey McPherson</b>	Date	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval <b>B. Stacion</b>	Date <b>4/28/2021</b>	Approved by President <b>Betty A. Melroth</b>	Date <b>6-28-21</b>