



Banner ID #	Last Name Ramirez	First Ernest	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="radio"/> Full-Time <input checked="" 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) change in title/assignment (going from part time to full time instructor)
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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? Yes No Funded in which FY? _____

Budget Number: _____ Position No. (NBAPOSN): _____

Compensation: Annual Hourly Other (explain) _____

Sched _____ Grade _____ Step _____

Hourly Rate (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year

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 1/2 months 12 months Other (specify) _____

PROPOSED Division/Unit: Social and Behavioral Science Division Job Vacancy No.: (if applicable) 1610 F 044

Job Title/Position: Instructor of Government Specialized Area: Government

Budgeted Position? Yes No Name of Replaced Employee: Ronald Vardy Funded in which FY? FY17

Budget Number: 1110-14703-6091-100 60%, 1610-14703-6091-100 40% Position No. (NBAPOSN): GOV003

Compensation: Annual Hourly Other (explain) \$ 50,050

Sched F _____ Grade 2 _____ 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: 08/21/2017 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: _____

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head <i>Elizabeth O'Brien</i>	Date 5/14/17	Approved by Dean	Date
Approved by Division Chair <i>Amanda Shelton</i>	Date 5-10-17	Approved by Vice President	Date 5-22-17
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>Greg Gerson</i>	Date 5-22-17
Budget Approval <i>B. Kocian</i>	Date 5/22/17	Approved by President <i>Ray A. McLeod</i>	Date 5-22-17