

Banner ID # @	Last Name Carter	First Zina	Middle Initial L	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 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 type="checkbox"/> Other (explain)
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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: Administration	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Marketing and Communications	Specialized Area:
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY 19
Budget Number: 1110.114.6093.60101	Position No. (NBAPOSN): DIR004
Compensation: \$ 84,068.00	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 08-09-95	End Date: <input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year	
Scheduled: CA _____ Grade: 1 _____ Step: 39 _____	
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: Administration	Job Vacancy No.: (if applicable)
Job Title/Position: Director of Marketing and Communications	Specialized Area:
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee:
Budget Number: 1110.114.6093.60101	Funded in which FY? FY 19
Budget Number: 1110.114.6093.60101	Position No. (NBAPOSN): DIR004
Compensation: \$ 94,068.00	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 07/01/19	End Date: <input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year	
Scheduled: CA _____ Grade: 15 _____ Step: 39 _____	
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)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	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	Date	Approved by President	Date

Betty D. McCracken 6-10-19 *Jeff J. Jones* 6-13-19
B. Okocai 6/13/19 *Betty D. McCracken* 6-13-19