

Banner ID #	Last Name Kolojaco, Leslie R.	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 type="radio"/> Full-Time <input 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)  <b>Change in title/assignment</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: Student Services	Job Vacancy No.: (if applicable) 1404 A 006
Job Title/Position: Coordinator of Testing Services	Specialized Area: Testing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY19
Budget Number: 1110-14104-6093-501	Position No. (NBAPOSN): CRD015
Compensation: \$ 66,069	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched AA Grade 1 Step 16	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 04/02/12	End Date: N/A
<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:  
 9 months  10 1/2 months  12 months  Other (specify)

<b>PROPOSED</b> Division/Unit: Student Services	Job Vacancy No.: (if applicable) 1902 A 005
Job Title/Position: Director of Financial Aid	Specialized Area: Financial Aid
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Richard Hyde
Budget Number: 1110-13024-6093-201	Position No. (NBAPOSN): DIR003
Compensation: \$ 78,735	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched CA Grade 15 Step 16	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: April 17, 2019	End Date:
<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:  
 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

*(Handwritten signatures and dates are present in the above table)*