

Banner ID # _____	Last Name Braeuer, Russell	First _____	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 checked="" type="radio"/> Support Staff	<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 type="radio"/> Temporary <input checked="" type="radio"/> Regular	<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.

<b>CURRENT</b> Division/Unit: _____	Job Vacancy No.: (if applicable) _____
Job Title/Position: _____	Specialized Area: _____
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> 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
Start Date: _____	End Date: _____
<input checked="" type="radio"/> At-will-employee <input type="radio"/> 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) \_\_\_\_\_

<b>PROPOSED</b> Division/Unit: Life Sciences Division	Job Vacancy No.: (if applicable) 1901 F 005
Job Title/Position: Instructor of Biology	Specialized Area: Biology
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Rosella Tucker
Budget Number: 1610-14301-6091-100	Funded in which FY? FY19
Compensation: _____ \$ 54,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) _____
Sched F Grade 7 Step 5	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 08/19/19	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 ½ months  12 months  Other (specify) \_\_\_\_\_

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

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <i>[Signature]</i>	Date 4-9-19	Approved by Dean <i>[Signature]</i>	Date _____
Approved by Division Chair <i>[Signature]</i>	Date 4/12/19	Approved by Vice President <i>[Signature]</i>	Date 4-12-19
Approved by Cabinet Level Supervisor <i>[Signature]</i>	Date _____	Reviewed by Human Resources <i>[Signature]</i>	Date 4-12-19
Budget Approval <i>[Signature]</i>	Date 4/12/19	Approved by President <i>[Signature]</i>	Date 4-15-19