

Banner ID "	Last Name Davis, Sandra	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 type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<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 contract length from 9 to 10.5 month</b>
<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: Allied Health Job Vacancy No.: (if applicable) 1312 F 097

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: ADN

Budgeted Position?  Yes  No Funded in which FY? FY18

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN010

Compensation: \$ 58,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>28</u>	Hourly Rate: (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 01/13/14	End Date: N/A	<input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> 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)

**PROPOSED** Division/Unit: Allied Health Job Vacancy No.: (if applicable) 1312 F 097

Job Title/Position: Instructor of Associate Degree Nursing Specialized Area: ADN

Budgeted Position?  Yes  No Name of Replaced Employee: N/A Funded in which FY? FY18

Budget Number: 1110-14181-6091-102 Position No. (NBAPOSN): ADN010

Compensation: \$ 68,307	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>28</u>	Hourly Rate: (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 08/21/17		<input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> 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 <b>Carol J. Derkowski</b> <small>Digitally signed by Carol J. Derkowski Date: 2017.09.07 16:10:36 -05'00'</small>	Approved by Dean <b>Megan Costanza</b> <small>Digitally signed by Megan Costanza DN: cn=Megan Costanza, ou=WCJC, ou=Vocational Instruction, email=mcostanza@wcjc.edu, o=US Date: 2017.09.07 16:17:30 -05'00'</small>
Approved by Division Chair <b>Carol J. Derkowski</b> <small>Digitally signed by Carol J. Derkowski Date: 2017.09.07 16:10:55 -05'00'</small>	Approved by Vice President <b>Leigh Ann Collins</b> <small>Digitally signed by Leigh Ann Collins DN: cn=Leigh Ann Collins, ou=WCJC, ou=VP, email=lcollins@wcjc.edu, o=US Date: 2017.09.07 16:50:00 -05'00'</small>
Approved by Cabinet Level Supervisor	Reviewed by Human Resources <i>[Signature]</i> 9-11-17
Budget Approval <b>B. P. Kocian</b> 9/8/17	Approved by President <b>Brady C. McLeod</b> 9-12-17