

Banner ID # _____ @	Last Name McPhearson, Lindsey	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 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 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 type="radio"/> At-will-employee <input type="radio"/> Per contract
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

<b>PROPOSED</b> Division/Unit: Vice President of Instruction	Job Vacancy No.: (if applicable) 1905 A 012
Job Title/Position: Dean of Student Success	Specialized Area: Instruction
Budgeted Position? <input type="radio"/> Yes <input checked="" type="radio"/> No Name of Replaced Employee:	Funded in which FY? N/A
Budget Number: 1110.14100.6093.501	Position No. (NBAPOSN): DEA010
Compensation: \$ 92,735 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>D</u> Grade <u>15</u> Step <u>35</u> Hourly Rate (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 9-19-1999	<input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> 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 _____