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| Banner ID # @ | Last Name Bueno, Clarissa 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 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"/> Full-Time <input checked="" 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: | | | 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 | | If temporary, anticipated termination date: |
| 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) | | | | |
| PROPOSED Division/Unit: | | | Job Vacancy No.: (if applicable) | |
| Administrative Services / Financial & Business Services | | | 2406 A 025 | |
| Job Title/Position: | | | Specialized Area: | |
| Director of Purchasing | | | Business Office | |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No | Name of Replaced Employee: Philip Wuthrich | | Funded in which FY? FY25 | |
| Budget Number: 1110-13022-6093-6002 | | | Position No. (NBAPOSN): DIR014 | |
| Compensation: | <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) | Sched CA _____ Grade 15 _____ Step 5 _____ | Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year | |
| \$ 76,070 | | | | |
| Start Date: 01/06/25 | | <input checked="" 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: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input checked="" 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 | |
| Cynthia Ward | | Digitally signed by Cynthia Ward Date: 2024.11.20 09:39:21 -06'00' | | |
| Approved by Division Chair | | Date | Approved by Vice President | |
| Approved by Cabinet Level Supervisor | | Date | Reviewed by Human Resources | |
| Betsy A. McCreedy 11/26/24 | | | Michelle Johnson 11-26-24 | |
| Budget Approval | | Date | Approved by President | |
| BOK Betsy A. McCreedy | | | Betsy A. McCreedy 12-2-24 | |