

Banner ID #	Last Name Jacobs, Jeanette	First	Middle Initial	Telephone
Address		City	State	Zip
Part I: Check all that apply				
Classification: <input 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="checkbox"/> At-will-employee <input checked="" type="checkbox"/> 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 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
PROPOSED Division/Unit:			Job Vacancy No.: (if applicable)	
Allied Health			1909 F 052	
Job Title/Position:			Specialized Area:	
Instructor of Associate Degree Nursing			Associate Degree Nursing	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No			Funded in which FY? FY20	
Name of Replaced Employee: Deborah Yancey				
Budget Number: 1110-14181-6091-102			Position No. (NBAPOSN): ADN 001	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>3</u> Step <u>21</u>	Hourly Rate: (Part-time only) \$ <u>r/a</u> per hr x <u>r/a</u> hrs/wk x <u>r/a</u> wks = \$ _____ per year	
\$ 67,723				
Start Date: 08/17/20		<input type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract		If temporary, anticipated termination date: r/a
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input checked="" type="radio"/> 10 1/2 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	
		4/29/20		
Approved by Division Chair		Date	Approved by Vice President	
		5-7-2020		
Approved by Cabinet Level Supervisor		Date	Reviewed by Human Resources	
Budget Approval		Date	Approved by President	
		5/12/2020		