

Banner ID # @ Address	Last Name Steffek, Bethany	First	Middle Initial	Telephone																		
				City _____ State _____ Zip _____																		
Part I: Check all that apply <table border="1"> <tr> <td colspan="2">Classification:</td> <td><input checked="" type="checkbox"/> New Employee</td> <td><input checked="" type="checkbox"/> Other (explain)</td> </tr> <tr> <td colspan="2"><input type="radio"/> Administrative/Professional Staff</td> <td><input type="checkbox"/> Extension</td> <td rowspan="3">changing from part time faculty to temporary full time faculty</td> </tr> <tr> <td colspan="2"><input checked="" type="radio"/> Faculty</td> <td><input type="checkbox"/> Salary Adjustment</td> </tr> <tr> <td colspan="2"><input type="radio"/> Support Staff</td> <td><input type="checkbox"/> Separation (date: _____)</td> </tr> <tr> <td>Temporary <input checked="" type="radio"/></td> <td>Full-Time <input checked="" type="radio"/></td> <td>Part-Time <input type="radio"/></td> <td></td> </tr> </table>					Classification:		<input checked="" type="checkbox"/> New Employee	<input checked="" type="checkbox"/> Other (explain)	<input type="radio"/> Administrative/Professional Staff		<input type="checkbox"/> Extension	changing from part time faculty to temporary full time faculty	<input checked="" type="radio"/> Faculty		<input type="checkbox"/> Salary Adjustment	<input type="radio"/> Support Staff		<input type="checkbox"/> Separation (date: _____)	Temporary <input checked="" type="radio"/>	Full-Time <input checked="" type="radio"/>	Part-Time <input type="radio"/>	
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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 checked="" 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 checked="" 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="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 checked="" type="radio"/> Other (specify)																						
PROPOSED Division/Unit: Vocational Science / Vocational Instruction			Job Vacancy No.: (if applicable) 2601 F 001																			
Job Title/Position: Instructor of Cosmetology (Temporary)			Specialized Area: Cosmetology																			
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Jacqueline Kuehn		Funded in which FY? FY26																			
Budget Number: 1110-14022-6091-102			Position No. (NBAPOSN): COS01T																			
Compensation: \$ 68,070	<input type="radio"/> Annual <input type="radio"/> Hourly <input checked="" type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>3</u>	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year																			
Start Date: 01/05/26	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract	If temporary, anticipated termination date: 08/31/26																				
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 checked="" type="radio"/> Other (specify)																						
Explanation of Action:																						
Part III: Position/Budget Authorization																						
Recommended by Supervisor/Department Head		Date	Approved by Dean																			
Approved by Division Chair Gary Bonewald		Date	Approved by Vice President Leigh Ann Collins																			
Digitally signed by Gary Bonewald Date: 2026.01.27 15:10:18 -06'00'			Digitally signed by Leigh Ann Collins Date: 2026.01.27 15:15:54 -06'00'																			
Approved by Cabinet Level Supervisor		Date	Reviewed by Human Resources <i>Leigh Ann Collins</i> 02-04-26																			
Budget Approval <i>Cecile</i>		Date	Approved by President <i>Leigh Ann Collins</i> 02-04-26																			
HR Requisition Number <u>2601</u> <u>0001</u> 2.3.26																						