

Banner ID # _____	Last Name Ringleb-Krutilek, Stacie	First Stacie	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 type="radio"/> Regular	<input type="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) move from PT faculty to TFT faculty
<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: _____	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 _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Grade _____	
Step _____	
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 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify) _____	

PROPOSED Division/Unit: Division of Life Sciences/ Kinesiology Department	Job Vacancy No.: (if applicable) 1908 F 045
Job Title/Position: Instructor of Kinesiology - Temporary	Specialized Area: Kinesiology
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Peggy Fitt
Funded in which FY? FY20	
Budget Number: 1610.14309.6091.100	Position No. (NBAPOSN): KIN02T
Compensation: \$ 50,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) _____
Sched FAC _____	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Grade 1 _____	
Step 10 _____	
Start Date: 8/19/2019	End Date: _____
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
If temporary, anticipated termination date: 5/17/2020	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input 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 Kevin Dees <small>Digitally signed by Kevin Dees DN: cn=Kevin Dees, o=Wharton County Junior College, ou=Division Chair, email=kevin@wcjc.edu, c=US Date: 2019.08.12 11:17:41 -0500</small>	Date 8/13/19	Approved by Dean _____	Date _____
Approved by Division Chair Kevin Dees <small>Digitally signed by Kevin Dees DN: cn=Kevin Dees, o=Wharton County Junior College, ou=Division Chair, email=kevin@wcjc.edu, c=US Date: 2019.08.12 11:17:48 -0500</small>	Date 8-12-19	Approved by Vice President JLC	Date 8-12-19
Approved by Cabinet Level Supervisor _____	Date 8-14-19	Reviewed by Human Resources _____	Date 8-14-19
Budget Approval B. Kocian	Date 8/13/19	Approved by President Betsy A. Marchese	Date 8-14-19