

Banner ID #	Last Name Johnson, Karl E.	First	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 checked="" type="radio"/> Regular	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Change from temporary full time to regular full time
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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: Vocational Sciences	Job Vacancy No.: (if applicable) 1806 F 042
Job Title/Position: Temporary Full Time Instructor of EMS	Specialized Area: EMS
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY19
Budget Number: 1210-14026-6091-102	Position No. (NBAPOSN): EMT03T
Compensation: \$ 66,735 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>10</u>
Start Date: 08/01/2019 End Date: n/a	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year	
If temporary, anticipated termination date: 08/31/19	

Position is funded for the following number of months/weeks:
 9 months 10 ½ months 12 months Other (specify)

PROPOSED Division/Unit: Vocational Sciences	Job Vacancy No.: (if applicable) 1903 F 015
Job Title/Position: Instructor of EMS	Specialized Area: EMS
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No Name of Replaced Employee: Lara Ondruch	Funded in which FY? FY19
Budget Number: 1210-14026-6091-102	Position No. (NBAPOSN): EMT003
Compensation: \$ 66,735 <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>10</u>
Start Date: 08/01/2019	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year	
If temporary, anticipated termination date: n/a	

Position is funded for the following number of months/weeks:
 9 months 10 ½ months 12 months Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Gary Bonewald <small>Digitally signed by Gary Bonewald Date: 2019.04.01 13:54:35 -05'00'</small>	Approved by Dean _____ Date _____
Approved by Division Chair Timothy Guin <small>Digitally signed by Timothy Guin DN: cn=Timothy Guin, ou=Division Chair, ou=VOCS, email=guint@wcjc.edu, c=US Date: 2019.04.01 17:01:16 -05'00'</small>	Approved by Vice President Leigh Ann collins <small>Digitally signed by Leigh Ann collins DN: cn=Leigh Ann collins, ou=WCJC, ou=VPR, email=lacollins@wcjc.edu, c=US Date: 2019.04.02 08:12:44 -05'00'</small>
Approved by Cabinet Level Supervisor _____ Date _____	Reviewed by Human Resources <i>Jess J. Jones</i> 4-8-19
Budget Approval <i>B. Okon</i> _____ Date 4/8/19	Approved by President <i>Betty D. McInerney</i> 4-9-19