



Runner ID #	Last Name Romashets, Evgeny "Eugene"	First	Middle Initial	Telephone
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Address 1	City	State	Zip
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**Part I: Check all that apply**

Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" type="radio"/> Faculty <input checked="" type="radio"/> Support Staff <input checked="" type="radio"/> Temporary <input type="radio"/> Regular	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	<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)
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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?  Yes  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
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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  At-will-employee  Per contract If temporary, anticipated termination date: \_\_\_\_\_

Position is funded for the following number of months/weeks:  
 9 months  10 1/2 months  12 months  Other (specify) \_\_\_\_\_

**PROPOSED** Division/Unit: **Math & Physical Sciences** Job Vacancy No.: (if applicable) **1711 F 078**

Job Title/Position: **Temporary Full Time Instructor of Physics** Specialized Area: **Physics**

Budgeted Position?  Yes  No Name of Replaced Employee: **Kamile Yagci (FMLA)** Funded in which FY? **FY18**

Budget Number: **1210-14307-6091-100 50%, 1610-14307-6091-100 50%** Position No. (NBAPOSN): **PHS03T**

Compensation:	<input type="radio"/> Annual <input type="radio"/> Hourly <input checked="" type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>7</u> Step <u>10</u>	Hourly Rate: (Part-time only) \$ <u>N/A</u> per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: **01/08/18**  At-will-employee  Per contract If temporary, anticipated termination date: **05/31/18**

Position is funded for the following number of months/weeks:  
 9 months  10 1/2 months  12 months  Other (specify) **Spring 2018 Semester**

Explanation of Action: \_\_\_\_\_

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <i>Tracy Shaw Wilkins</i> 11/29/17	Date	Approved by Dean	Date
Approved by Division Chair <i>Billy W...</i> 12-4-17	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>Judy Jones</i> 12/06/17	Date
Budget Approval <i>B. Kocian</i> 12/6/17	Date	Approved by President <i>Bobby Mc...</i> 12-6-17	Date