



Banner ID # @	Last Name Lewis, Cheryl L.	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"/> Full-Time <input checked="" type="radio"/> Regular <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)		
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="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 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
PROPOSED Division/Unit: Instruction/Academic Affairs			Job Vacancy No.: (if applicable) 2507 F 039	
Job Title/Position: Counselor			Specialized Area: Counseling and Disability Services	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Torey Gilmore		Funded in which FY? FY26	
Budget Number: 1210-14101-6093-503			Position No. (NBAPOSN): COU002	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 1 Step 10	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year	
Start Date: 09/29/25		<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: n/a	
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)				
Explanation of Action:				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head Amber Barbee		Date	Approved by Dean Lindsey McPherson	
Digitally signed by Amber Barbee Date: 2025.08.26 15:26:12 -05'00'			Digitally signed by Lindsey McPherson Date: 2025.08.28 15:24:35 -05'00'	
Approved by Division Chair		Date	Approved by Vice President Leigh Ann Collins	
			Digitally signed by Leigh Ann Collins Date: 2025.08.28 16:42:54 -05'00'	
Approved by Cabinet Level Supervisor		Date	Reviewed by Human Resources	
			 Date: 9-4-25	
Budget Approval 		Date	Approved by President 	
			Date: 09/04/25	