

Banner ID # @	Last Name Martinez, Josh Ann	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="radio"/> Full-Time <input checked="" type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input checked="" type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) change from temp full time to 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 Science	Job Vacancy No. (if applicable) 1708 F 055
Job Title/Position: Temporary Instructor of Cosmetology	Specialized Area: Cosmetology
Budgeted Position? <input type="radio"/> Yes <input checked="" type="radio"/> No	Funded in which FY? FY18
Budget Number: 1110-14022-6091-102	Position No. (NBAPOSN): COS03T
Compensation: \$ 57,807	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 08/21/17	End Date: N/A
Sched FAC Grade 1 Step 10	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
	If temporary, anticipated termination date: 07/06/18

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

PROPOSED Division/Unit: Vocational Science	Job Vacancy No. (if applicable) 1805 F 040
Job Title/Position: Instructor of Cosmetology	Specialized Area: Cosmetology
Budgeted Position? <input type="radio"/> Yes <input checked="" type="radio"/> No	Name of Replaced Employee: N/A
Budget Number: 1110-14022-6091-102	Funded in which FY? FY18
Budget Number: 1110-14022-6091-102	Position No. (NBAPOSN): COS003
Compensation: \$ 66,068	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Start Date: 07/07/18 (12 month contract to start 09/01/18)	End Date: N/A
Sched FAC Grade 1 Step 10	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
	<input checked="" type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
	If temporary, anticipated termination date: N/A

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

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date	Approved by Dean	Date
Approved by Division Chair	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval	Date	Approved by President	Date

Timothy W Guin 6/1/18
Judy J. Jones 5-31-18
6/8/18
6/8/18