

Banner ID # @	Last Name Wilson, Gina	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 checked="" type="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<input type="radio"/> Full-Time <input checked="" 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.

<b>CURRENT</b> 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)	

<b>PROPOSED</b> Division/Unit: Instruction / Allied Health	Job Vacancy No.: (if applicable) 2205 F 034
Job Title/Position: Instructor of Dental Hygiene	Specialized Area: Dental Hygiene
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Dale Hahn
Funded in which FY? FY22	
Budget Number: 1110-14182-6091-102	Position No. (NBAPOSN): DEN003
Compensation: \$ 50,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched F _____ 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: 08/22/22	End Date:
	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
If temporary, anticipated termination date: n/a	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	
Explanation of Action:	

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Carol Derkowski</b> Digitally signed by Carol Derkowski Date: 2022.07.12 16:38:49 -05'00'	Date	Approved by Dean <b>Donald S Smith</b> Digitally signed by Donald S Smith Date: 2022.07.14 10:05:20 -05'00'	Date
Approved by Division Chair <b>Carol Derkowski</b> Digitally signed by Carol Derkowski Date: 2022.07.12 16:39:03 -05'00'	Date	Approved by Vice President <b>Leigh Ann Collins</b> Digitally signed by Leigh Ann Collins Date: 2022.07.15 12:08:20 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date
Budget Approval <i>[Signature]</i>	Date	Approved by President <i>[Signature]</i>	Date