

Banner ID #	Last Name Woleslagle, Julie	First	Middle Initial	Telephone
Address		City	State	Zip

Part I: Check off that apply

Classification: <input type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" 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 checked="" type="checkbox"/> Other (explain) change from part time to temporary 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:

Job Title/Position:	Job Vacancy No.: (if applicable)
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> No	Specialized Area:
Budget Number:	Funded in which FY?
Compensation: \$	Position No. (NBAPOSN):
<input type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	<input type="radio"/> At-will-employee <input type="radio"/> Per contract
End Date:	If temporary, anticipated termination date:
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit:
Communications and Fine Arts

Job Title/Position: Instructor of English	Job Vacancy No.: (if applicable) 1812 F 081
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Specialized Area: English
Name of Replaced Employee: Mary Lang (FMLA)	Funded in which FY? FY19
Budget Number: 1110-14503-6091-100 40%, 1210-14503-6091-100 60%	Position No. (NBAPOSN): ENG05T
Compensation: \$ 23,025	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: 01/14/19	<input checked="" type="checkbox"/> At-will-employee <input type="checkbox"/> Per contract
End Date:	If temporary, anticipated termination date: 05/31/19
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input checked="" type="radio"/> Other (specify) Spring 2019 semester	

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date	Approved by Dean	Date
Approved by Division Chair Patrick Ralls	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval B. Boccia	Date 12/5/18	Approved by President Betsy B. McDaniel	Date 12-12-18