

Banner ID # @	Last Name Davis, Sandra	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 type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain) Change in contract length from 9 month to 12 month (Program Director)
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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: Allied Health	Job Vacancy No.: (if applicable) 2107 F 025
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY22
Budget Number: 1110-14181-6091-102	Position No. (NBAPOSN): ADN012
Compensation: \$ 61,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched FAC Grade 1 Step 32	Hourly Rate: (Part-time only) \$ <u> </u> per hr x <u> </u> hrs/wk x <u> </u> wks = \$ <u> </u> per year
Start Date: 01/13/14	End Date: n/a
<input 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)

PROPOSED Division/Unit: Allied Health	Job Vacancy No.: (if applicable) 2204 F 032
Job Title/Position: Instructor of Associate Degree Nursing (Program Director)	Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Andrea Shropshire
Funded in which FY? FY22	Position No. (NBAPOSN): ADN005
Budget Number: 1110-14181-6097-102 1110-14181-6091-102	
Compensation: \$ 82,067	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched FAC Grade 1 Step 32	Hourly Rate: (Part-time only) \$ <u> </u> per hr x <u> </u> hrs/wk x <u> </u> wks = \$ <u> </u> per year
Start Date: 08/22/22	<input 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 Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN Date: 2022.04.26 11:01:02 -05'00'</small>	Approved by Dean Donald S Smith <small>Digitally signed by Donald S Smith Date: 2022.05.09 17:13:49 -05'00'</small>
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2022.05.09 15:46:01 -05'00'</small>	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2022.05.10 11:42:11 -05'00'</small>
Approved by Cabinet Level Supervisor	Reviewed by Human Resources <i>[Signature]</i> 5/11/22
Budget Approval <i>[Signature]</i>	Approved by President <i>[Signature]</i> 5-13-22