

Banner ID # @	Last Name Lewis, LaToya	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="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> 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.

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 checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
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: Allied Health	Job Vacancy No.: (if applicable) 2203 F 021
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Cynthia Cruz
Budget Number: 1110-14181-6091-102	Funded in which FY? FY22
Position No. (NBAPOSN): ADN002	
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) \$ 55,550	Sched FAC _____ Grade 1 _____ Step 20 _____ 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	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract
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 Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN Date: 2022.07.21 11:18:14 -05'00'</small>	Approved by Dean Donald S Smith <small>Digitally signed by Donald S Smith Date: 2022.07.21 15:54:56 -05'00'</small>
Approved by Division Chair Carol Derkowski <small>Digitally signed by Carol Derkowski Date: 2022.07.21 11:29:28 -05'00'</small>	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2022.07.21 16:37:52 -05'00'</small>
Approved by Cabinet Level Supervisor	Reviewed by Human Resources
Budget Approval B. Okocian Date: 07/25/2022	Approved by President [Signature] Date: 7-26-22