

Banner ID # _____	Last Name Reed, James A.	First	Middle Initial	Telephone _____
Address _____		City _____		State _____ Zip _____

**Part I: Check all that apply**

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff	<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"/> Temporary <input checked="" type="radio"/> Regular	<input checked="" type="radio"/> Full-Time <input 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?  Yes  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 checked="" type="radio"/> Per contract	If temporary, anticipated termination date: _____

Position is funded for the following number of months/weeks:  
 9 months  10 ½ months  12 months  Other (specify) \_\_\_\_\_

**PROPOSED** Division/Unit: \_\_\_\_\_ Job Vacancy No.: (if applicable) \_\_\_\_\_

Student Success 2103 A 012

Job Title/Position: \_\_\_\_\_ Specialized Area: \_\_\_\_\_

Director of Student Life Student Life

Budgeted Position?  Yes  No Name of Replaced Employee: Troy Jefferson Funded in which FY? FY21

Budget Number: 1110-14103-6093-501 Position No. (NBAPOSN): DIR031

Compensation: \$ 68,068	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain) _____	Sched CA _____ Grade 10 _____ Step 5 _____	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 07/01/21		<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 ½ months  12 months  Other (specify) \_\_\_\_\_

Explanation of Action: \_\_\_\_\_

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head Lindsey McPherson <small>Digitally signed by Lindsey McPherson DN: cn=Lindsey McPherson, o=WCJC, ou, email=lmperson@wcjc.edu, c=US Date: 2021.06.02 09:09:34 -0500</small>	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 B. A. Kocian	Date 06/07/2021	Approved by President Barry A. McCreesh	Date 6-8-21