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|---------------------------|---------------------------------|------------------|----------------|-----------|
| Banner ID #<br>@ 00096221 | Last Name<br>Stavinoha, Natalie | First<br>Natalie | Middle Initial | Telephone |
| Address                   |                                 | City             |                | State Zip |

**Part I: Check all that apply**

|  |   |  |  |
|--|---|--|--|
| Classification:<br><input checked="" type="radio"/> Administrative/Professional Staff<br><input type="radio"/> Faculty<br><input type="radio"/> Support Staff<br><input type="radio"/> Temporary<br><input checked="" type="radio"/> Regular | <input type="radio"/> Full-Time<br><input checked="" type="radio"/> Part-Time | <input type="checkbox"/> New Employee<br><input type="checkbox"/> Extension<br><input type="checkbox"/> Salary Adjustment<br><input type="checkbox"/> Separation (date: _____) | <input checked="" type="checkbox"/> Other (explain)<br><br><b>Change in Title/Assignment</b> |
|--|---|--|--|

**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:<br>Instruction  | Job Vacancy No.: (if applicable)<br>1109 A 008  |
| Job Title/Position:<br>Instructional Retention Coordinator  | Specialized Area:<br>Instruction  |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No  | Funded in which FY? FY17  |
| Budget Number:<br>1110-1401-6093-400  | Position No. (NBAPOSN):<br>AVP001   |
| Compensation:<br>\$ 66,068  | <input checked="" type="radio"/> Annual<br><input type="radio"/> Hourly<br><input type="radio"/> Other (explain)  |
| Start Date:<br>09/06/11   | End Date:<br>N/A<br><input type="checkbox"/> At-will-employee<br><input checked="" type="checkbox"/> Per contract |
| Hourly Rate: (Part-time only)<br>\$ N/A per hr x _____ hrs/wk x _____ wks =<br>\$ _____ per year  |   |
| Position is funded for the following number of months/weeks:<br><input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify) |   |

|   |  |
|---|--|
| <b>PROPOSED</b> Division/Unit:<br>Instruction   | Job Vacancy No.: (if applicable)<br>1109 A 008   |
| Job Title/Position:<br>Coordinator of Instructional Retention, Dual Credit, and University Transfer   | Specialized Area:<br>Instruction   |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No  | Name of Replaced Employee: N/A   |
| Budget Number:<br>1110-1401-6093-400  | Position No. (NBAPOSN):<br>AVP001  |
| Compensation:<br>\$ 66,068  | <input checked="" type="radio"/> Annual<br><input type="radio"/> Hourly<br><input type="radio"/> Other (explain) |
| Start Date:<br>05/01/17   | <input checked="" type="checkbox"/> At-will-employee<br><input checked="" type="checkbox"/> Per contract         |
| Hourly Rate: (Part-time only)<br>\$ N/A per hr x _____ hrs/wk x _____ wks =<br>\$ _____ per year  |  |
| Position is funded for the following number of months/weeks:<br><input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify) |  |

Explanation of Action:

**Part III: Position/Budget Authorization**

|   |                |  |                |
|---|----------------|--|----------------|
| Recommended by Supervisor/Department Head | Date           | Approved by Dean                                       | Date           |
| Approved by Division Chair                | Date           | Approved by Vice President<br><b>Leigh Ann Collins</b> | Date           |
| Approved by Cabinet Level Supervisor      | Date           | Reviewed by Human Resources                            | Date           |
| Budget Approval<br><b>B. Skocian</b>      | Date<br>5/5/17 | Approved by President<br><b>Barry L. Melick</b>        | Date<br>5-5-17 |

Digitally signed by Leigh Ann Collins, cn=WCJC, ou=VPL, email=lacollins@wcjc.edu, o=US  
DN: cn=Leigh Ann Collins, ou=WCJC, ou=VPL, email=lacollins@wcjc.edu, o=US  
Date: 2017.04.28 14:31:14 -0500