

Banner ID # _____	Last Name Taylor, Tanya	First Tanya	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 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 title/assignment
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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) 1508 S 083
Job Title/Position: Nursing Laboratory Specialist	Specialized Area: ADN & LVN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY19
Budget Number: 1110-14181-6101-102 50%; 1610-14184-6101-103 30%; 1110-14184-6101-102 20%	Position No. (NBAPOSN): SPC021
Compensation: \$ 35,175	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched <u>P</u> Grade <u>15</u> Step <u>3</u>	Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year
Start Date: 10/26/15	End Date: n/a
<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract	If temporary, anticipated termination date: n/a
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: Allied Health	Job Vacancy No.: (if applicable) 1905 A 013
Job Title/Position: Simulation Lab Technician	Specialized Area: Allied Health
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: <u>n/a</u>
Budget Number: 1110-14181-6101-102 50%; 1610-14181-6101-102 30%; 1110-14184-6101-102 20%	Position No. (NBAPOSN): CRD020
Compensation: \$ 57,402	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched <u>AA</u> Grade <u>1</u> Step <u>3</u>	Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year
Start Date: 09/01/2019	End Date: _____
<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> Per contract	If temporary, anticipated termination date: n/a
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 ½ 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 6/26/19	Approved by Dean _____	Date _____
Approved by Division Chief 	Date 6-26-19	Approved by Vice President 	Date 7-2-19
Approved by Cabinet Level Supervisor 	Date _____	Reviewed by Human Resources 	Date 7-15-19
Budget Approval 	Date 7/15/19	Approved by President 	Date 7-15-19