

|                 |                             |       |                |           |
|-----------------|-----------------------------|-------|----------------|-----------|
| Banner ID # - - | Last Name<br>GOINS, NATASHA | First | Middle Initial | Telephone |
| Address         |                             | City  |                | State Zip |

**Part I: Check all that apply**

|  |  |   |  |
|--|--|---|--|
| Classification:<br><input type="radio"/> Administrative/Professional Staff<br><input checked="" 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 type="radio"/> Part-Time | <input type="checkbox"/> New Employee<br><input type="checkbox"/> Extension<br><input checked="" type="checkbox"/> Salary Adjustment<br><input type="checkbox"/> Separation (date: _____) | <input type="checkbox"/> Other (explain) |
|--|--|---|--|

**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.

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| <b>CURRENT</b> Division/Unit:<br>ALLIED HEALTH                                   | Job Vacancy No.: (if applicable)<br>1302-F-024   |
| Job Title/Position:<br>INSTRUCTOR OF ASSOCIATE DEGREE NURSING                    | Specialized Area:<br>NURSING   |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No | Funded in which FY? FY18   |
| Budget Number:<br>1110.14181.6091.102  | Position No. (NBAPOSN):<br>ADN009  |
| Compensation:<br>\$ 61,050   | <input checked="" type="radio"/> Annual<br><input type="radio"/> Hourly<br><input type="radio"/> Other (explain) |
| Start Date:<br>08-22-2017  | End Date:  |
|  | <input type="radio"/> At-will-employee<br><input checked="" type="radio"/> Per contract                          |
|  | Hourly Rate: (Part-time only)<br>\$ NA per hr x NA hrs/wk x NA wks =<br>\$ NA per year                           |
|  | If temporary, anticipated termination date:  |

Position is funded for the following number of months/weeks:  
 9 months  10 1/2 months  12 months  Other (specify)

|  |  |
|--|--|
| <b>PROPOSED</b> Division/Unit:<br>ALLIED HEALTH                                  | Job Vacancy No.: (if applicable)<br>1302-F-024   |
| Job Title/Position:<br>INSTRUCTOR OF ASSOCIATE DEGREE NURSING                    | Specialized Area:<br>NURSING   |
| Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No | Name of Replaced Employee: NA  |
| Budget Number:<br>1110.14181.6091.102  | Position No. (NBAPOSN):<br>ADN009  |
| Compensation:<br>\$ 61,550   | <input checked="" type="radio"/> Annual<br><input type="radio"/> Hourly<br><input type="radio"/> Other (explain) |
| Start Date:<br>08-20-2018  | End Date:  |
|  | <input type="radio"/> At-will-employee<br><input checked="" type="radio"/> Per contract                          |
|  | Hourly Rate: (Part-time only)<br>\$ NA per hr x NA hrs/wk x NA wks =<br>\$ NA per year                           |
|  | If temporary, anticipated termination date:  |

Position is funded for the following number of months/weeks:  
 9 months  10 1/2 months  12 months  Other (specify)

Explanation of Action:  
ADJUSTMENT FOR LONGEVITY AS AGREED UPON FEBRUARY/MARCH 2015

**Part III: Position/Budget Authorization**

|   |                |  |                  |
|---|----------------|--|------------------|
| Recommended by Supervisor/Department Head<br>Andrea Shropshire, DNP, MSN, RN<br><small>Digitally signed by Andrea Shropshire, DNP, MSN, RN<br/>DN: cn=Andrea Shropshire, o=WCJC, ou=Allied Health/Dept Hygiene, email=ashrop@wcjc.edu, c=US<br/>Date: 2018.07.26 17:02:29 -0500</small> | Date           | Approved by Dean   | Date             |
| Approved by Division Chair<br>Carol Derkowski<br><small>Digitally signed by Carol Derkowski<br/>DN: cn=Carol Derkowski, o=WCJC, ou=Allied Health/Dept Hygiene, email=cderk@wcjc.edu, c=US<br/>Date: 2018.08.03 09:38:11 -0500</small>   | Date           | Approved by Vice President<br>Leigh Ann Collins<br><small>Digitally signed by Leigh Ann Collins<br/>DN: cn=Leigh Ann Collins, o=WCJC, ou=VP, email=lacoll@wcjc.edu, c=US<br/>Date: 2018.08.03 13:54:58 -0500</small> | Date             |
| Approved by Cabinet Level Supervisor  | Date           | Reviewed by Human Resources<br><i>[Signature]</i>  | Date<br>08/06/18 |
| Budget Approval<br><i>[Signature]</i>   | Date<br>8/6/18 | Approved by President<br><i>[Signature]</i>  | Date<br>8-10-18  |