

Banner ID # @	Last Name Macek, Marci Diane	First	Middle Initial	Tele #
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 checked="" type="radio"/> Temporary <input type="radio"/> Regular	<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain)  <b>Change from part time to full time temporary</b>
<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
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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  At-will-employee  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: Allied Health Job Vacancy No.: (if applicable) 1706 F 038

Job Title/Position: Temporary Instructor of PTA Specialized Area: PTA

Budgeted Position?  Yes  No Name of Replaced Employee: Kelly Wallace Funded in which FY? FY17

Budget Number: 1110-14186-6091-102 Position No. (NBAPOSN): PHY02T

Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 1 _____ Step 1 _____	Hourly Rate: (Part-time only) \$ N/A per hr x _____ hrs/wk x _____ wks = \$ _____ per year
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Start Date: 08/21/17  At-will-employee  Per contract

If temporary, anticipated termination date: 07/06/18

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 <b>Carol J. Derkowski</b> <small>Digitally signed by Carol J. Derkowski Date: 2017.06.29 13:53:44 -05'00'</small>	Approved by Dean <b>Megan Costanza</b> <small>Digitally signed by Megan Costanza DN: cn=Megan Costanza, o=WCJC, ou=Vocational Instruction, email=mcostanza@wcjc.edu, c=US Date: 2017.07.06 11:26:50 -05'00'</small>
Approved by Division Chair <b>Carol J. Derkowski</b> <small>Digitally signed by Carol J. Derkowski Date: 2017.06.29 13:54:01 -05'00'</small>	Approved by Vice President <i>[Signature]</i> 7-5-17
Approved by Cabinet Level Supervisor <i>[Signature]</i>	Reviewed by Human Resources <i>[Signature]</i> 7-17-17
Budget Approval <b>B. Macek</b> 7/11/17	Approved by President <b>Debbie McLeod</b> 7-17-17