

Banner ID # @	Last Name Isokpunwu, Suzette A.	First Suzette	Middle Initial A.	Telephone
Address			City	State Zip

**Part I: Check all that apply**

Classification: <input type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input checked="" type="checkbox"/> Other (explain)  Changing from part time to full time faculty.
<input type="radio"/> Full-Time <input checked="" 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.

<b>CURRENT</b> Division/Unit:		Job Vacancy No.: (if applicable)
Job Title/Position:		Specialized Area:
Budgeted Position? <input type="radio"/> Yes <input type="radio"/> 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 type="radio"/> Per contract 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: Instruction/Allied Health		Job Vacancy No.: (if applicable) 2306 F 029
Job Title/Position: Instructor of Associate Degree Nursing		Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Tammy Hann	Funded in which FY? FY23
Budget Number: 1610-14181-6091-102		Position No. (NBAPOSN): ADN011
Compensation: \$ 56,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>1</u> Step <u>20</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: 08/21/23		<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:  
 9 months  10 1/2 months  12 months  Other (specify)

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Sandra Davis</b> <small>Digitally signed by Sandra Davis Date: 2023.08.14 08:54:27 -05'00'</small>	Approved by Dean  
Approved by Division Chair <b>Carol Derkowski</b> <small>Digitally signed by Carol Derkowski Date: 2023.08.14 10:30:02 -05'00'</small>	Approved by Vice President <b>Leigh Ann Collins</b> <small>Digitally signed by Leigh Ann Collins Date: 2023.08.11 18:44:27 -05'00'</small>
Approved by Cabinet Level Supervisor  	Reviewed by Human Resources  <small>Date: 08/15/23</small>
Budget Approval  <small>Date: 08/15/2023</small>	Approved by President  <small>Date: 8-15-23</small>