

Banner ID # @	Last Name GOINS, NATASHA	First	Middle Initial	Telephone
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 type="radio"/> Temporary <input checked="" type="radio"/> Regular	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="checkbox"/> New Employee <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
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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) 1302-F-024
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Funded in which FY? FY17
Budget Number: 1610 1110 .14181.6091.102	Position No. (NBAPOSN): ADN009
Compensation: 59,550 \$ 59,550	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched <u>FAC</u> Grade <u>2A</u> Step <u>2B</u>	Hourly Rate: (Part-time only) \$ <u>NA</u> per hr x <u>NA</u> hrs/wk x <u>NA</u> wks = \$ <u>NA</u> per year
Start Date: 08-22-2016	End Date: NA
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
If temporary, anticipated termination date: NA	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: ALLIED HEALTH	Job Vacancy No.: (if applicable) 1302-F-024
Job Title/Position: INSTRUCTOR OF ASSOCIATE DEGREE NURSING	Specialized Area: NURSING
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: NA
Budget Number: 1610 1110 .14181.6091.102	Position No. (NBAPOSN): ADN009
Compensation: 60,050 \$ 60,050	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched <u>FAC</u> Grade <u>2A</u> Step <u>29</u>	Hourly Rate: (Part-time only) \$ <u>NA</u> per hr x <u>NA</u> hrs/wk x <u>NA</u> wks = \$ <u>NA</u> per year
Start Date: 08-21-2017	End Date: NA
	<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract
If temporary, anticipated termination date:	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

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

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Andrea Shropshire, DNP, MSN, RN <small>Digitally signed by Andrea Shropshire, DNP, MSN, RN DN: cn=Andrea Shropshire, DNP, MSN, RN, o=Wharton County Junior College, ou=Associate Degree Nursing, email=shropria@wcjc.edu, c=US Date: 2017.07.17 18:35:47 -0500</small>	Date	Approved by Dean Megan Costanza <small>Digitally signed by Megan Costanza DN: cn=Megan Costanza, o=WCJC, ou=Wharton College, email=mcostanza@wcjc.edu, c=US Date: 2017.07.20 09:18:30 -0500</small>	Date
Approved by Division Chair Carol J. Derkowski <small>Digitally signed by Carol J. Derkowski Date: 2017.07.19 13:27:20 -0500</small>	Date	Approved by Vice President <i>[Signature]</i>	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date
Budget Approval <i>[Signature]</i>	Date 7/31/17	Approved by President <i>[Signature]</i>	Date 7-31-17