

Banner ID # @	Last Name Gann, Lacey	First	Middle Initial	Telephone
Address		City		State Zip
<b>Part I: Check all that apply</b>				
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"/> Full-Time <input checked="" type="radio"/> Regular <input type="radio"/> Part-Time		<input checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)		<input type="checkbox"/> Other (explain)
<b>Part II: Assignment/Accounting</b> 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 checked="" 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 checked="" type="checkbox"/> At-will-employee <input type="checkbox"/> Per contract	If temporary, anticipated termination date:	
Position is funded for the following number of months/weeks: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="checkbox"/> Other (specify)				
<b>PROPOSED</b> Division/Unit: Allied Health			Job Vacancy No.: (if applicable) 2506 F 033	
Job Title/Position: Instructor of Physical Therapy Assistant			Specialized Area: Physical Therapy Assistant	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Kelly Wallace		Funded in which FY? FY26	
Budget Number: 1110-14186-6091-102			Position No. (NBAPOSN): PHY001	
Compensation: \$ 79,403	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>FAC</u> Grade <u>7</u> Step <u>7</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: 10/27/25	01/05/26	<input checked="" type="checkbox"/> At-will-employee <input 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 1/2 months <input checked="" type="radio"/> 12 months <input type="checkbox"/> Other (specify)				
Explanation of Action:				
<b>Part III: Position/Budget Authorization</b>				
Recommended by Supervisor/Department Head Carol J. Derkowski, RDH, MAIE	Date Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.10.13 15:03:48 -05'00'		Approved by Dean	Date
Approved by Division Chair Carol J. Derkowski, RDH, MAIE	Date Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.10.13 15:04:05 -05'00'		Approved by Vice President Leigh Ann Collins	Date Digitally signed by Leigh Ann Collins Date: 2025.10.13 15:08:02 -05'00'
Approved by Cabinet Level Supervisor Cynthia Ward	Date 10.17.25		Reviewed by Human Resources Cynthia Ward 10-20-25	Date
Budget Approval Cynthia Ward	Date 10.17.25		Approved by President Cynthia Ward 10/20/25	Date