

Banner ID #	Last Name Garcia, Cammy	First	Middle Initial	Telephone
Address 1	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 checked="" type="checkbox"/> New Employee <input type="checkbox"/> Extension <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Separation (date: _____)	<input type="checkbox"/> Other (explain)
<input type="radio"/> Temporary <input checked="" type="radio"/> Regular	<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? <input type="radio"/> Yes <input type="radio"/> No	Funded in which FY?
Budget Number:	Position No. (NBAPOSN):
Compensation: \$	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	End Date:
	<input checked="" type="radio"/> At-will-employee <input type="radio"/> Per contract
If temporary, anticipated termination date:	

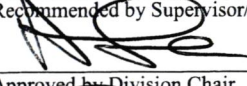
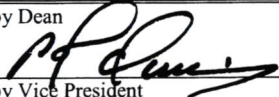
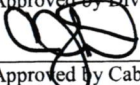
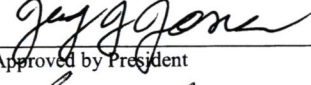

Position is funded for the following number of months/weeks:
 9 months 10 1/2 months 12 months Other (specify)

PROPOSED Division/Unit: Allied Health	Job Vacancy No.: (if applicable) 1901 F 028
Job Title/Position: Simulation Laboratory Coordinator	Specialized Area: Associate Degree Nursing
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a
Budget Number: 1110-14181-6091-102	Funded in which FY? FY20
Compensation: \$ 47,550	Position No. (NBAPOSN): ADC001
Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year	
Start Date: 09/16/19	
	<input checked="" type="checkbox"/> At-will-employee <input checked="" type="checkbox"/> 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 	Date 8/27/19	Approved by Dean 	Date 8/28/19
Approved by Division Chair 	Date 8-27-19	Approved by Vice President Lau	Date 8-28-19
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources 	Date 9-4-19
Budget Approval B. Skocin	Date 9/9/19	Approved by President 	Date 9-9-19