

Banner ID # @	Last Name Reynolds, Jarett	First Jarett	Middle Initial J	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 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"/> 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.

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: <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="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 ½ months 12 months Other (specify)

PROPOSED Division/Unit: Student Success/Counseling and Disability Services	Job Vacancy No.: (if applicable) 2311 F 057		
Job Title/Position: Counselor	Specialized Area: Counseling and Disability Services		
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Kay Gardner	Funded in which FY? FY24	
Budget Number: 1610-14101-6093-503	Position No. (NBAPOSN): COU003		
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC _____ Grade 1 _____ Step 10 _____	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year	
Start Date: 03/20/24	End Date: 03/27/24 <i>lew</i>	<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 ½ months 12 months Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Amber Barbee <small>Digitally signed by Amber Barbee DN: cn=Amber Barbee, o=WCJC, ou=Counseling Dept., email=ambarbarbee@wcjc.edu, c=US Date: 2024.02.28 09:57:14 -0500</small>	Approved by Dean Lindsey McPherson <small>Digitally signed by Lindsey McPherson DN: cn=Lindsey McPherson, o=WCJC, ou, email=lmcpherson@wcjc.edu, c=US Date: 2024.02.28 11:20:24 -0500</small>
Approved by Division Chair _____	Approved by Vice President Leigh Ann Collins <small>Digitally signed by Leigh Ann Collins Date: 2024.02.28 12:51:48 -06'00'</small>
Approved by Cabinet Level Supervisor _____	Reviewed by Human Resources <i>[Signature]</i> 3/4/24
Budget Approval <i>[Signature]</i>	Approved by President <i>[Signature]</i> 3/5/24