

Banner ID # @	Last Name Slough, Kylee	First	Middle Initial	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 type="checkbox"/> Other (explain)
<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.

<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 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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

<b>PROPOSED</b> Division/Unit: Academic Affairs	Job Vacancy No.: (if applicable) 2510 F 054
Job Title/Position: Public Services Librarian	Specialized Area: Library
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Emily Krause
Budget Number: 1110-1496-6093-402	Funded in which FY? FY26
Compensation: \$ 72,737	<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: 07/15/26	End Date:
<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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input checked="" type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

**Part III: Position/Budget Authorization**

Recommended by Supervisor/Department Head <b>Naomi "Christy" Ruby</b> Digitally signed by Naomi "Christy" Ruby Date: 2026.02.11 14:08:17 -06'00'	Date	Approved by Dean <b>Lindsey McPherson</b> Digitally signed by Lindsey McPherson Date: 2026.02.11 14:17:03 -06'00'	Date
Approved by Division Chair	Date	Approved by Vice President <b>Leigh Ann Collins</b> Digitally signed by Leigh Ann Collins Date: 2026.02.11 19:25:54 -06'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources <i>[Signature]</i>	Date
Budget Approval <i>[Signature]</i>	Date 2-25-26	Approved by President <i>[Signature]</i>	Date 02/25/26