



Wharton County Junior College

Personnel Action Form

Human Resources

Banner ID #	Last Name Wilcox	First Megan	Middle Initial	Telenehone
Address		City		State Zip

Part I: Check all that apply

Classification: <input checked="" type="radio"/> Administrative/Professional Staff <input type="radio"/> Faculty <input type="radio"/> Support Staff <input type="radio"/> Temporary <input checked="" type="radio"/> Full-Time <input 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)
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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:		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 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:		Job Vacancy No.: (if applicable)	
Instruction/Senior Citizens		1606 A 012	
Job Title/Position:		Specialized Area:	
Director		Senior Citizen Program	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Caroline R. Osborne		Funded in which FY? '16 - '17
Budget Number:		Position No. (NBAPOSN):	
See Attachment - numbers are good until 09/30/16; new contract year begins 10/01/16.		GND01T	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched <u>GNT</u> Grade <u>1</u> Step <u>1</u>	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date:	10/03/16	<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)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head	Date	Approved by Dean	Date
<i>Caroline Osborne</i>	9-13-16		
Approved by Division Chair	Date	Approved by Vice President	Date
		<i>Lee</i>	9-15-16
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
		<i>Jeffery Jones</i>	9-21-16
Budget Approval	Date	Approved by President	Date
<i>B. D. Kocia</i>	9/20/16	<i>Betty A. McElwain</i>	9-22-16

Reg. 821

HR Requisition Number A 1609 0024

Revised May 29, 2014

9/14/16 *DP*