



# Wharton County Junior College

## Personnel Action Form Human Resources

Banner ID # @	Last Name Thomas, Henry	First Henry	Middle Initial	Telephone
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"/> 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:

☐ 9 months ☐ 10 ½ months ☐ 12 months ☐ Other (specify)

<b>PROPOSED</b> Division/Unit: Academic Affaris	Job Vacancy No.: (if applicable) 2510 A 037
Job Title/Position: Academic Advisor	Specialized Area: Academic and Career Advising
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Samantha Woods
Budget Number: 1110-14107-6093-501	Funded in which FY? FY26
Compensation: \$ 49,194	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched A Grade 5 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: 01/05/26	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:

☐ 9 months ☐ 10 ½ months ☒ 12 months ☐ Other (specify)

Explanation of Action:

### Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Stephanie D. Kolacny Digitally signed by Stephanie D. Kolacny Date: 2025.10.28 15:20:00 -05'00'	Approved by Dean Lindsey McPherson Digitally signed by Lindsey McPherson Date: 2025.10.28 15:52:14 -05'00'
Approved by Division Chair	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.10.28 16:38:56 -05'00'
Approved by Cabinet Level Supervisor	Reviewed by Human Resources
Budget Approval Cynthia Ward 10.30.25	Approved by President Mandell 01/03/25