



**Wharton County
Junior College**

Personnel Action Form
Human Resources

Banner ID # @	Last Name Venison, Kelci	First	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.

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 ½ months ☐ 12 months ☐ Other (specify)

PROPOSED Division/Unit:		Job Vacancy No.: (if applicable)	
Academic Affaris		2508 A 030	
Job Title/Position:		Specialized Area:	
Academic Advisor		Academic and Career Advising	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Stephanie Kolacny		Funded in which FY? FY26
Budget Number:	1110-14107-6093-501		Position No. (NBAPOSN): AVR008
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched A _____ Grade 5 _____ Step 2 _____	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
\$ 43,861			
Start Date:	01/05/26	<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	Date	Approved by Dean	Date
Stephanie D. Kolacny		Lindsey McPherson	
Digitally signed by Stephanie D. Kolacny	Date: 2025.10.28 14:57:07 -05'00'	Digitally signed by Lindsey McPherson	Date: 2025.10.28 15:55:34 -05'00'
Approved by Division Chair	Date	Approved by Vice President	Date
		Leigh Ann Collins	
		Digitally signed by Leigh Ann Collins	Date: 2025.10.28 16:40:23 -05'00'
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval	Date	Approved by President	Date
Cynthia Ward	10.30.25		11/03/25