Wharton County Junior College

Personnel Action Form

Human Resources

Banner ID #	Last Name	First	Middle Initial	Telephone
@	Daniel, Jubie			

Address | City | State | Zip

Part I: Check *all* that apply

Classification			
○ Administrative/Professional Staff ◉ Faculty ○ Support Staff		☑ New Employee ☐ Extension ☐ Salary Adjustment ☐ Separation (date:_____)	☐ Other (explain)
○ Temporary ◉ Regular	◉ Full-Time ○ 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? ○ Yes ○ No				Funded in which FY?
Budget Number:				Position No. (NBAPOSN):
Compensation: $	○ Annual ○ Hourly ○ Other (explain)	Sched _____ Grade _____ Step _____		Hourly Rate: (Part-time only) $ _____ per hr x _____ hrs/wk x _____ wks = $ _____ per year
Start Date:	End Date:	○ At-will-employee ○ 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: Allied Health				Job Vacancy No.: (if applicable) 2408 F 028
Job Title/Position: Instructor of Associate Degree Nursing				Specialized Area: Associate Degree Nursing
Budgeted Position? ◉ Yes ○ No	Name of Replaced Employee: Patricia Flores			Funded in which FY? FY26
Budget Number: 1610-14181-6091-102				Position No. (NBAPOSN): ADN001

Compensation:
$ 64,550
	◉ Annual
	○ Hourly
	○ Other (explain)
		Sched FAC
		Grade 1
		Step 30
				Hourly Rate: (Part-time only)
				$ n/a per hr x n/a hrs/wk x n/a wks =
				$ n/a per year

Start Date: 10/27/25		☐ At-will-employee ◉ 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
Sandra Davis	Digitally signed by Sandra Davis Date: 2025.09.30 11:02:17 -05'00'		
Approved by Division Chair	Date	Approved by Vice President	Date
Carol J. Derkowski, RDH, MAIE	Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.10.01 08:52:18 -05'00'	Leigh Ann Collins	Digitally signed by Leigh Ann Collins Date: 2025.10.08 17:30:30 -05'00'
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
		[signature]	10-10-25
Budget Approval	Date	Approved by President	Date
Cynthia Ward	10.9.25	[signature]	10/10/25

Reg. 821 HR Requisition Number F 2509 0053

Revised May 29, 2014