Wharton County Junior College

Personnel Action Form

Human Resources

Banner ID # / @	Last Name	First	Middle Initial	Telephone
	Wilkinson, Michael R.			

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:
Administration

Job Vacancy No.: (if applicable)
2507 A 024

Job Title/Position:
Chief of Staff

Specialized Area:
President's Office

Budgeted Position? ◉ Yes ○ No

Name of Replaced Employee: n/a

Funded in which FY? FY26

Budget Number: 1110-110-6093-6001

Position No. (NBAPOSN): CHS001

Compensation: $ 114,099

◉ Annual ○ Hourly ○ Other (explain)

Sched VP Grade 5 Step 67

Hourly Rate: (Part-time only)
$ n/a per hr x n/a hrs/wk x n/a wks =
$ n/a per year

Start Date: 10/22/25

☐ 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
Approved by Division Chair	Date	Approved by Vice President Amanda A. Allen Digitally signed by Amanda A. Allen Date: 2025.09.22 13:55:15 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources Ruth Ahmen 9-26-25	Date
Budget Approval Cynthia Wood 9.26.25	Date	Approved by President Amanda Allen 09/29/25	Date

Rev. 821 HR Requisition Number A 2509 0028

Revised May 29, 2014