



Wharton County Junior College

72

Personnel Action Form Human Resources

Banner ID #	Last Name Willis, Kimberly	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 checked="" type="radio"/> Temporary <input type="radio"/> Regular	<input checked="" type="radio"/> Full-Time <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 Title/Position:

Budgeted Position? ☐ Yes ☐ No

Budget Number:

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 1/2 months ☐ 12 months ☐ Other (specify)

PROPOSED Division/Unit:

Instruction

Job Title/Position: Director of Senior Citizens Program

Budgeted Position? ☒ Yes ☐ No

Name of Replaced Employee: Megan Wilcox

Budget Number: See attached

Compensation: ☒ Annual ☐ Hourly ☐ Other (explain)

Sched GTN Grade 1 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: 10/29/2018 ☒ At-will-employee ☐ Per contract

If temporary, anticipated termination date: 08/31/2019

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
Approved by Division Chair	Date	Approved by Vice President	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval	Date	Approved by President	Date

Reg. 821

HR Requisition Number A 1810 0025

Revised May 29, 2014

RECEIVED
Vice President of Instruction
Date: 10/15/18 Initial: TC

DP