



Wharton County Junior College

Personnel Action Form Human Resources

Banner ID # @	Last Name West, Andrew L.	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 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 1/2 months ☐ 12 months ☐ Other (specify)

PROPOSED Division/Unit: Information Technology	Job Vacancy No.: (if applicable) 2505 A 015
Job Title/Position: Senior Director of Enterprise Systems	Specialized Area: Enterprise Systems
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: n/a
Budget Number: 1110-13030-6093-602	Funded in which FY? FY26
Compensation: \$ 94,071	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)
Sched CA Grade 15 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: 09/29/25	End Date: 09/17/25
<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 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