



Wharton County Junior College

Personnel Action Form Human Resources

Banner ID # @	Last Name Dobbs, Pamela R.	First Pamela R.	Middle Initial P	Telephone 713-255-1234
Address 1234 Main St Houston, TX 77001		City Houston		State TX Zip 77001
Part I: Check all that apply				
Classification: <input type="radio"/> Administrative/Professional Staff <input checked="" 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) moving from part-time faculty to full-time faculty
<input type="radio"/> Full-Time <input checked="" 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 checked="" type="radio"/> No			Funded in which FY?	
Budget Number:			Position No. (NBAPOSN):	
Compensation:	<input type="radio"/> Annual <input checked="" 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: <input type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
PROPOSED Division/Unit:			Job Vacancy No.: (if applicable)	
Allied Health			2108 F 036	
Job Title/Position:			Specialized Area:	
Instructor of Dental Hygiene			Dental Hygiene	
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No			Funded in which FY? FY22	
Name of Replaced Employee: Brenda Bode				
Budget Number: 1110-14182-6091-102			Position No. (NBAPOSN): DEN005	
Compensation:	<input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC 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	
\$ 50,550				
Start Date: 01/10/2022		<input type="radio"/> At-will-employee <input checked="" type="radio"/> Per contract	If temporary, anticipated termination date: N/A	
Position is funded for the following number of months/weeks: <input checked="" type="radio"/> 9 months <input type="radio"/> 10 1/2 months <input type="radio"/> 12 months <input type="radio"/> Other (specify)				
Explanation of Action:				
Part III: Position/Budget Authorization				
Recommended by Supervisor/Department Head		Approved by Dean		
Carol Derkowski Digitally signed by Carol Derkowski Date: 2021.11.18 09:47:04 -06'00'		Donald S Smith Digitally signed by Donald S Smith Date: 2021.11.22 10:13:27 -06'00'		
Approved by Division Chair		Approved by Vice President		
Carol Derkowski Digitally signed by Carol Derkowski Date: 2021.11.18 09:47:23 -06'00'		Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2021.11.22 10:32:18 -06'00'		
Approved by Cabinet Level Supervisor		Reviewed by Human Resources		
Budget Approval [Signature] Date: 11/22/2021		[Signature] Date: 11/23/2021		