



**Wharton County
Junior College**

Personnel Action Form
Human Resources

Banner ID # @	Last Name Boyd, Jennifer B	First	Middle Initial	Telephone
Address		City	State	Zip

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)
<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)	Hourly Rate: (Part-time only) \$ _____ per hr x _____ hrs/wk x _____ wks = \$ _____ per year
Start Date: End Date:	<input 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 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

PROPOSED Division/Unit: Vocational Instruction	Job Vacancy No.: (if applicable) 2501 F 006
Job Title/Position: Instructor of Associate Degree Nursing	Specialized Area: Allied Health/ADN
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Tommie Reddoch
Budget Number: 1110-14181-6091-102	Funded in which FY? FY25
Compensation: \$ 74,138	Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 04/01/25	<input checked="" 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 type="radio"/> 9 months <input checked="" type="radio"/> 10 ½ months <input type="radio"/> 12 months <input type="radio"/> Other (specify)	

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Sandra Davis Digitally signed by Sandra Davis Date: 2025.03.18 13:07:46 -05'00'	Approved by Dean Date
Approved by Division Chair Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.03.18 13:13:18 -05'00'	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.03.18 13:55:28 -05'00'
Approved by Cabinet Level Supervisor Date	Reviewed by Human Resources Date
Budget Approval BDK Digitally signed by BDK Date: 3/19/25	Approved by President Digitally signed by Leigh Ann Collins Date: 3/19/25