



Wharton County Junior College

Personnel Action Form Human Resources

Banner ID # @	Last Name Gann, Lacey	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="radio"/> New Employee <input type="radio"/> Extension <input type="radio"/> Salary Adjustment <input type="radio"/> 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 type="radio"/> At-will-employee <input checked="" type="radio"/> 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: Allied Health	Job Vacancy No.: (if applicable) 2506 F 033
Job Title/Position: Instructor of Physical Therapy Assistant	Specialized Area: Physical Therapy Assistant
Budgeted Position? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Replaced Employee: Kelly Wallace
Funded in which FY? FY26	
Budget Number: 1110-14186-6091-102	Position No. (NBAPOSN): PHY001
Compensation: <input checked="" type="radio"/> Annual <input type="radio"/> Hourly <input type="radio"/> Other (explain)	Sched FAC Grade 7 Step 7 Hourly Rate: (Part-time only) \$ n/a per hr x n/a hrs/wk x n/a wks = \$ n/a per year
Start Date: 10/27/25 01/05/26	<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 ½ months ☒ 12 months ☐ Other (specify)

Explanation of Action:

Part III: Position/Budget Authorization

Recommended by Supervisor/Department Head Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.10.13 15:03:48 -05'00'	Date	Approved by Dean	Date
Approved by Division Chair Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2025.10.13 15:04:05 -05'00'	Date	Approved by Vice President Leigh Ann Collins Digitally signed by Leigh Ann Collins Date: 2025.10.13 15:08:02 -05'00'	Date
Approved by Cabinet Level Supervisor	Date	Reviewed by Human Resources	Date
Budget Approval Cynthia Wood 10.17.25	Date	Approved by President 10/20/25	Date

Reg 521

HR Requisition Number 2510 0054

Revised May 29, 2014