



Wharton County Junior College

Personnel Action Form Human Resources

Banner ID # @	Last Name Thomas, Dorothy	First	Middle Initial	Telephone
Address		City		State Zip

Part I: Check all that apply

Classification: ☐ Administrative/Professional Staff ☐ Faculty ☐ Support Staff ☐ Temporary ☒ Regular	☒ New Employee ☐ Extension ☐ Salary Adjustment ☐ Separation (date: _____)	☐ Other (explain)
☒ Full-Time ☐ 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? ☐ Yes ☐ No		Funded in which FY?	
Budget Number:		Position No. (NBAPOSN):	
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: Allied Health/ADN		Job Vacancy No.: (if applicable) 2608 F 041	
Job Title/Position: Instructor of Associate Degree Nursing		Specialized Area: Associate Degree Nursing	
Budgeted Position? ☒ Yes ☐ No	Name of Replaced Employee: Jennifer Boyd	Funded in which FY? FY26	
Budget Number: 1110-14181-6091-102		Position No. (NBAPOSN): ADN008	
Compensation: \$ 82,887	☒ Annual ☐ Hourly ☐ Other (explain)	Sched <u>FAC</u> Grade <u>7</u> Step <u>30</u>	Hourly Rate: (Part-time only) \$ <u>n/a</u> per hr x <u>n/a</u> hrs/wk x <u>n/a</u> wks = \$ <u>n/a</u> per year
Start Date: 08/24/26		☒ At-will-employee ☐ 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 Sandra Davis Digitally signed by Sandra Davis Date: 2026.08.19 13:38:54 -05'00'	Approved by Dean Kim Ashburn Digitally signed by Kim Ashburn Date: 2026.08.19 14:15:41 -05'00'
Approved by Division Chair Carol J. Derkowski, RDH, MAIE Digitally signed by Carol J. Derkowski, RDH, MAIE Date: 2026.08.19 13:55:43 -05'00'	Approved by Vice President Pam Millsap Digitally signed by Pam Millsap Date: 2026.08.19 14:49:32 -05'00'
Approved by Cabinet Level Supervisor	Reviewed by Human Resources
Budget approval <i>[Signature]</i> Date: 8-19-26	Approved by President <i>[Signature]</i> Date: 8/22/26