

Employee No: \_\_\_\_\_ Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Current Data:

Title: \_\_\_\_\_  
Department Name: \_\_\_\_\_  
Department No: \_\_\_\_\_  
Employee Type: \_\_\_\_\_

Workers Comp Code: \_\_\_\_\_  
FLSA Status: \_\_\_\_\_

New Data:

Effective Date: \_\_\_\_\_  
Budgeted Amount: \_\_\_\_\_ Step: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date Approved by CCT: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department Name: \_\_\_\_\_  
Department No: \_\_\_\_\_ Slot No. \_\_\_\_\_  
Employee Type: Reg F/T \_\_\_\_\_ Reg P/T \_\_\_\_\_  
Temp F/T \_\_\_\_\_ Temp P/T \_\_\_\_\_  
If P/T or Temp, Estimate Annual Hours \_\_\_\_\_  
Workers Comp Code: \_\_\_\_\_ DBM Initials: \_\_\_\_\_  
FLSA Status: Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_  
Civil Service Status: Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_  
Safety Sensitive: Yes \_\_\_\_\_ No \_\_\_\_\_  
Eligible for Re-Hire: Yes \_\_\_\_\_ No \_\_\_\_\_

Dist-Group 01-Base Pay 03-Auto Allowance 04-Longevity 08-Interpreter 09-Clothing Allowance 11-Supplemental

Current Data:

Dist-Group Account No. Percent Annual Amt Bi-Weekly Amt Hourly Amt

Table with 6 columns: Dist-Group, Account No., Percent, Annual Amt, Bi-Weekly Amt, Hourly Amt. The table content is obscured by a large greyed-out area.

New Data:

Dist-Group Account No. Percent Annual Amt (Leave Blank) (Leave Blank)  
Bi-Weekly Amt Hourly Amt

Table with 6 columns: Dist-Group, Account No., Percent, Annual Amt, Bi-Weekly Amt, Hourly Amt. The table content is obscured by a large greyed-out area.

Reason for Change:

- \_\_\_\_\_ Hire
- \_\_\_\_\_ Promotion
- \_\_\_\_\_ Merit Increase
- \_\_\_\_\_ Disciplinary
- \_\_\_\_\_ Reclassification
- \_\_\_\_\_ Retirement
- \_\_\_\_\_ Discharge
- \_\_\_\_\_ Allowance (Dist-Groups 03, 08, or 09)
- \_\_\_\_\_ Supplemental (Specify Type Below)
- Education \_\_\_\_\_ Certification \_\_\_\_\_ Assignment \_\_\_\_\_
- Longevity (Longevity Eligibility Date \_\_\_\_\_)
- Other (Explain Below)

Approval and Signature of Officials

Preparer \_\_\_\_\_ Date \_\_\_\_\_  
Department Head \_\_\_\_\_ Date \_\_\_\_\_  
Human Resources Director \_\_\_\_\_ Date \_\_\_\_\_  
Budget Officer \_\_\_\_\_ Date \_\_\_\_\_  
County Auditor \_\_\_\_\_ Date \_\_\_\_\_  
County Treasurer \_\_\_\_\_ Date \_\_\_\_\_