



PAYROLL FORM

- NEW EMPLOYEE
- CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Joshua Chase

TO BE COMPLETED BY SUPERVISOR

Start Date: 2/25/2025

Department: Planning

Position: Planning Administrator

Base hours per week: 40 hours

Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: 2/19/24

ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS

Pay Rate: _____ Hourly
\$90,001.60 Salaried

Employee Pay Grade: 12

PAYROLL CHANGES CAN ONLY OCCUR AT THE BEGINNING OF A NEW PAY PERIOD

Budget Account # 1 21 40200
FUND DEPT ACCOUNT

Change Rate of Pay:

- Merit Increase (attach Performance Evaluation)
- Promotion Other _____
- From _____
- To _____

Termination (Must attach Employee Separation Report):

Last Day Worked: _____

Voluntary Discharged Laid Off

Comments: This is an exempt 40 hours a week position.

TO BE COMPLETED BY EMPLOYEE

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Telephone: _____

Emergency Contact: _____

ER Contact phone #: _____

TO BE COMPLETED BY PAYROLL DEPARTMENT

DATE OF FIRST PAYCHECK: _____

INSURANCE ELIGIBILITY DATE: _____

- W-4
- I-9
- Supporting ID for I-9
- Direct Deposit
- Personnel Manual Acknowledgement
- PERSI Forms 118 for Law Enforcement
- Seasonal Form
- Report New Hire to ID Dept. of Labor
- Add Benefit Sick Leave Hrs.
- Notify I.T. Facilities R&B
- Contact AFLAC representative
- Contact NBS (Laura Woolston)

Accrual Activation Date for Benefited Employee _____

Entered by: _____ Date: _____

SIGNATURE

Submitted by: Dan Reyes February 19, 2025
Date

Approved by the Board of County Commissioners: _____
Date

Deliver this original form to the County Manager and a copy to the Payroll Department