

## PAYROLL FORM

TETON NEW EMPLOYEE	EMPLOYEE NAME: Joshua Buris
☐ CHANGE EXISTING EMPLOYEE	
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Start Date: 7-29-2024	Mailing Address:
Department: Probation	City, State, Zip:
Position: ProbationTechnician	Physical Address:
Base hours per week: 40	City, State, Zip:
Current Status: Full Time Part Time no benefits	Telephone:
REQUEST EFFECTIVE DATE: 7-29-24	Emergency Contact:
REQUEST EFFECTIVE DATE. 7 2 7 2 1	ER Contact phone #:
ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS	
	(A) STATE OF THE S
Pay Rate: \$ 22.86 Hourly	DATE OF FIRST PAYCHECK:
Salaried PAYROLL CHANGES CAN ONLY OCCUR AT THE BEGINNING OF A	INSURANCE ELIGIBILITY DATE:
Pay Rate is 100 % of market rate  THE BEGINNING OF A  NEW PAY PERIOD	□w-4
Budget Account #	Ee State of the second of the
FUND DEPT ACCOUNT	Supporting ID for I-9
Change Rate of Pay:	☐ Direct Deposit
Merit Increase (attach Performance Evaluation)	Personnel Manual Acknowledgement
Promotion X Other	PERSIForms 118 for Law Enforcement
From <u>\$</u>	Seasonal Form
To <u>\$</u>	Report New Hire to ID Dept. of Labor
Termination (Must attach Employee Separation Report):	Notify I.T.
Last Day Worked:	Contact NBS (Laura Woofston)
Voluntary Discharged Laid Off	
Comments:	Accrual Activation Date for Benefited Employee
	Entered by: 1 Date:
SIGNATURE	
Submitted by:  Agoh B-	7/30/24 Date
Approved by the Board of County Commissioners:	Date

Date

EMPLOYEE NAME: DAVIS, KAYDENCE



## PAYROLL FORM

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Ш	CHANGE	<b>EXISTING</b>	<b>EMPLOYEE</b>
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☐ CHANGE EXISTING EMPLOYEE	TO BE COMPLETED BY EMPLOYEE
TO BE COMPLETED BY SUPERVISOR	Mailing Address:
Start Date: 8/5/2024	City, State, Zip:
Department: Assessor - DMV/DL's	Physical Address:
Position: Motor Vehicle/Driver's License Specialist	City, State, Zip:
Base hours per week: 40	Email Address:
Current Status: X Full Time Part Time no benefits	Telephone:
REQUEST EFFECTIVE DATE: 08-05-2024	Emergency Contact:
	ER Contact phone #:
ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS	TO BE COMPLETED BY PAYROLL DEPARTMENT
Pay Rate: \$20.00 Hourly	DATE OF FIRST PAYCHECK:
\$ Salaried PAYROLL CHANGES CAN ONLY OCCUR AT	INSURANCE ELIGIBILITY DATE:
Employee Pay Grade: THE BEGINNING OF A	
Pay Rate is% of market rate	<u></u> W-4
Budget Account # 001-02-40200 FUND DEPT ACCOUNT	∐ I-9
	Supporting ID for I-9
Change Rate of Pay:	Direct Deposit
Merit Increase (attach Performance Evaluation)	Personnel Manual Acknowledgement
Promotion Other	PERSI Forms 118 for Law Enforcement
From \$	Seasonal Form
To <u>\$</u>	Report New Hire to ID Dept. of Labor
	Add Benefit Sick Leave Hrs.
Termination (Must attach Employee Separation Report):	Notify I.T. Facilities R&B
Last Day Worked:	Contact AFLAC representative
	Contact NBS (Laura Woolston)
Voluntary Discharged Laid Off	Accrual Activation Date for Benefited Employee
Comments: Starting pay is within 6% of hire rate and reflective	, toolean national batto for bottomod Employees
of dual job duties.	Entered by: Date:
SIGNATURE	
Submitted by: Havala Arnold	8/5/2024
Approved by the Board of	Date
County Commissioners:	Date
Deliver this original form to the Dan and a copy to the Payroll	

EMPLOYEE NAME: Tristan Kolb



## **PAYROLL FORM**

 $\square$  NEW EMPLOYEE

■ CHANGE EXISTING EMPLOYEE

TO BE COMPLETED BY SUPERVISOR	TO BE COMPLETED BY EMPLOYEE
Start Date: 12/5/2022	Mailing Address:
Department: Public Works	City, State, Zip:
Position: Staff Engineer	Physical Address:
Base hours per week: 40 hours	City, State, Zip:
Current Status: Full Time Part Time no benefits	Telephone:
REQUEST EFFECTIVE DATE: 12/5/2022	Emergency Contact:
	ER Contact phone #:
ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS	TO BE COMPLETED BY PAYROLL DEPARTMENT
Pay Rate: Hourly	DATE OF FIRST PAYCHECK:
Salaried PAYROLL CHANGES CAN ONLY OCCUR AT	INSURANCE ELIGIBILITY DATE:
Employee Pay Grade: 8 from 9 THE BEGINNING OF A Pay Rate is % of market rate	W-4
01 08 403 50% Budget Account # 33 00 403 50%	I-9
FUND DEPT ACCOUNT	Supporting ID for I-9
Change Rate of Pay:	Direct Deposit
Merit Increase (attach Performance Evaluation)	Personnel Manual Acknowledgement
Promotion Other Demotion	PERSI Forms 118 for Law Enforcement
From <u>\$29.94</u>	Seasonal Form
To <u>\$28.44</u>	Report New Hire to ID Dept. of Labor
	Add Benefit Sick Leave Hrs.
Termination (Must attach Employee Separation Report):	Notify I.T. Facilities R&B
Last Day Worked:	Contact AFLAC representative
	Contact NBS (Laura Woolston)
Voluntary Discharged Laid Off	Accrual Activation Date for Benefited Employee
Comments: Deomotion to Engineer Technichian until EIT certification is comploeted	. •
io complected	
	Entered by: Date:
SIGNATURE	
Submitted by: Darryl Johnson - Public Works Director	8/6/2024 Date
Approved by the Board of	24.0
County Commissioners:	Date
Deliver this original form to the Holly and a copy to the Payroll I	Department

EMPLOYEE NAME: Needham, Jared



Deliver this original form to the Dan and a copy to the Payroll Department

5.	PAYROLL FORM
TETON COUNTY	X NEW EMPLOYEE
FITABLISHED 1915	☐ CHANGE EXISTING EM

ARLISHED 1915	☐ CHANGE EXISTING EMPLOYEE	TO BE COMPLETED BY EMPLOYEE
TO BE COMPLETED BY	Y SUPERVISOR	Mailing Address:
Start Date: <u>8/5/2024</u>		City, State, Zip:
Department: Assessor - D	MV/DL's	Physical Address:
Position: Motor Vehicle	e & Driver's License Specialist	City, State, Zip:
Base hours per week:	40	Email Address:
Current Status: X Full	Time Part Time no benefits	Telephone:
REQUEST EFF	ECTIVE DATE: 08-05-2024	Emergency Contact:  ER Contact phone #:
	NCREASES MUST BE APPROVED BY COUNTY COMMISSIONERS	TO BE COMPLETED BY PAYROLL DEPARTMENT
Pay Rate: \$20.00	Hourly	DATE OF FIRST PAYCHECK:
Budget Account # 001-0 FUND  Change Rate of Pay  Merit Increase  Promotion  From \$ To \$	Salaried 4 PAYROLL CHANGES CAN ONLY OCCUR AT THE BEGINNING OF A NEW PAY PERIOD  DEPT ACCOUNT  y: e (attach Performance Evaluation) Other  attach Employee Separation Report):	W-4
Voluntary  Comments: Starting pay	Discharged Laid Off  is within 6% of hire rate and reflective	Contact NBS (Laura Woolston)  Accrual Activation Date for Benefited Employee
of dual job d	uues.	Entered by: Date:
SIGNATURE		
Submitted by:	Havala Arnold	8/5/2024
Approved by the Board of County Commissioners:		Date .
		Date