



PAYROLL FORM

- NEW EMPLOYEE
- CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Joshua Burris

TO BE COMPLETED BY SUPERVISOR

Start Date: 7-29-2024
 Department: Probation
 Position: Probation Technician
 Base hours per week: 40
 Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: 7-29-24

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

Pay Rate: \$ 22.86 Hourly
 \$ X Salaried

Employee Pay Grade: 5

Pay Rate is 100 % of market rate

Budget Account # _____
 FUND DEPT ACCOUNT

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

- 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:

TO BE COMPLETED BY EMPLOYEE

Mailing Address: _____
 City, State, Zip: _____ - 1
 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: Josh B.

7/30/24
Date

Approved by the Board of County Commissioners: _____

Date



PAYROLL FORM

NEW EMPLOYEE

CHANGE EXISTING EMPLOYEE

TO BE COMPLETED BY SUPERVISOR

Start Date: 8/5/2024

Department: Assessor - DMV/DL's

Position: Motor Vehicle/Driver's License Specialist

Base hours per week: 40

Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: 08-05-2024

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

Pay Rate: \$20.00 Hourly
\$ _____ Salaried
4

Employee Pay Grade: _____

Pay Rate is _____ % of market rate

Budget Account # 001-02-40200
FUND DEPT ACCOUNT

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

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: **Starting pay is within 6% of hire rate and reflective of dual job duties.**

EMPLOYEE NAME: DAVIS, KAYDENCE

TO BE COMPLETED BY EMPLOYEE

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Email Address: _____

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: Havala Arnold

8/5/2024
Date

Approved by the Board of County Commissioners: _____

Date

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



PAYROLL FORM

- NEW EMPLOYEE
- CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Tristan Kolb

TO BE COMPLETED BY SUPERVISOR

Start Date: 12/5/2022

Department: Public Works

Position: Staff Engineer

Base hours per week: 40 hours

Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: 12/5/2022

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

Pay Rate: _____ Hourly
 _____ Salaried

Employee Pay Grade: 8 from 9

Pay Rate is _____ % of market rate

Budget Account #	01	08	403	50%
	33	00	403	50%
	FUND	DEPT	ACCOUNT	

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

Change Rate of Pay:

Merit Increase (attach Performance Evaluation)

Promotion Other Demotion

From \$29.94

To \$28.44

Termination (Must attach Employee Separation Report):

Last Day Worked: _____

Voluntary Discharged Laid Off

Comments: **Deomotion to Engineer Technichian until EIT certification is compleoted**

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: Darryl Johnson - Public Works Director  8/6/2024

Approved by the Board of County Commissioners: _____ Date _____

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



PAYROLL FORM

NEW EMPLOYEE

CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Needham, Jared

TO BE COMPLETED BY SUPERVISOR

Start Date: 8/5/2024

Department: Assessor - DMV/DL's

Position: Motor Vehicle & Driver's License Specialist

Base hours per week: 40

Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: 08-05-2024

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

Pay Rate: \$20.00 Hourly

\$ _____ Salaried
4

Employee Pay Grade: _____

Pay Rate is _____ % of market rate

Budget Account # 001-02-40200
FUND DEPT ACCOUNT

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

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: **Starting pay is within 6% of hire rate and reflective of dual job duties.**

TO BE COMPLETED BY EMPLOYEE

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Email Address: _____

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: Havala Arnold

8/5/2024

Date

Approved by the Board of County Commissioners: _____

Date

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