



PAYROLL FORM

NEW EMPLOYEE

CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Cameron Hieronymus

TO BE COMPLETED BY SUPERVISOR

TO BE COMPLETED BY EMPLOYEE

Start Date: 6/10/2024

Mailing Address: _____

Department: Public Works

City, State, Zip: _____

Position: Weed Superintendent

Physical Address: _____

Base hours per week: 40 hours

City, State, Zip: _____

Current Status: Full Time Part Time no benefits

Telephone: _____

Emergency Contact: _____

ER Contact phone #: _____

REQUEST EFFECTIVE DATE: 6/10/2024

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

TO BE COMPLETED BY PAYROLL DEPARTMENT

Pay Rate: \$23.79 Hourly

_____ Salaried

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

Employee Pay Grade: 7

Pay Rate is 86 % of market rate

Budget Account # 227 00 40200
FUND DEPT ACCOUNT

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 _____

Change Rate of Pay:

Merit Increase (attach Performance Evaluation)

Promotion Other Certification

From \$23.79

To \$25.79

Termination (Must attach Employee Separation Report):

Last Day Worked: _____

Voluntary

Discharged

Laid Off

Comments:

Entered by: _____ Date: _____

SIGNATURE

Submitted by: _____

_____ Date

Approved by the Board of County Commissioners: _____

_____ Date

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



PAYROLL CHANGE FOR

EMPLOYEE INFORMATION

Employee Name: Maureen Green Date: 08/22/16
 Mailing Address: _____ Emp ID: 0000
 City, State, Zip: Alta, WY 83014 Social Security #: 000-00-0000
 Telephone: _____ Department: Treasurer
 Title: Chief Deputy
 Current Status: Full Time Part Time Other _____ Shift: 32/week

CHANGE REQUEST

EFFECTIVE DATE: 10/1/2016 0:00

New Employee, Enter on Payroll Change Withholding Rate (attach W-4)
 Transfer to: (dept) _____ Leave of Absence:
 Paid? yes no
 Change Shift to: From 35 to 32 hrs. per week(4 x8) Return Date: _____
 Change Title to: _____
 Change of Address: (attach W-4) Change Status to FT PT
 Other _____

Change Rate of Pay:

New Employee \$ _____ per _____ grade _____
 Merit Increase See Performance Appraisal
 Promotion Other _____
 From \$ _____ per year grade _____ Date of last payroll change: _____
 to \$ _____ per year grade _____

Terminated, Remove from Payroll (complete Exit Interview)
 Voluntary Discharged Laid Off Other _____
 List remaining Vacation and Comp Time to be paid: _____ vac hours _____ comp hours
 Final hours worked this pay period: _____

Remarks: **There will be exceptions, aprox 8 weeks a year of 40 hrs. Anything over 32 gets paid regular time. No comp time.**

Submitted By: _____ Supervisor _____ 8/22/2016
 Title _____ Date _____
 Approved By: _____ Supervisor _____ 8/22/2016
 Title _____ Date _____

Forward this original form to the Payroll Department



PAYROLL CHANGE FORM

EMPLOYEE INFORMATION

Employee Name: John Doe Date: 03/10/07
 Mailing Address: No Name Alley, PO Box 0000 Emp ID: 0000
 City, State, Zip: Jackson, WY 83002 Social Security #: 000-00-0000
 Telephone: (307) 739-0000 Department: Sheriff / Patrol
 Title: Deputy Sheriff
 Current Status: Full Time Part Time Other _____ Shift: 40/week

CHANGE REQUEST

EFFECTIVE DATE: 3/15/2007 5:00 pm end of shi

- New Employee, Enter on Payroll
- Change Withholding Rate (attach W-4)
- Transfer to: (dept) _____
- Leave of Absence: _____
- Change Shift to: _____ Paid? yes no
- Change Title to: _____ Return Date: _____
- Change of Address: (attach W-4) _____
- Change Status to FT PT
- Other _____

- Change Rate of Pay:
 - New Employee \$ _____ per _____ grade _____
 - Merit Increase See Performance Appraisal
 - Promotion Other _____
 - From \$ _____ per _____ grade _____ Date of last payroll change: _____
 - To \$ _____ per _____ grade _____

- Terminated, Remove from Payroll (complete Exit Interview)
 - Voluntary Discharged Laid Off Other _____
 - List remaining Vacation and Comp Time to be paid: 120 vac hours 80 comp hours
 - Final hours worked this pay period: 80 hrs 3/1/07 - 3/15/07

Remarks:

Submitted By: _____ Supervisor _____ 3/10/2007
 Title _____ Date _____
 Approved By: _____
 Title _____ Date _____

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