



Revised 6/4/2013

PAYROLL FORM☐ NEW EMPLOYEE☒ CHANGE EXISTING EMPLOYEE**TO BE COMPLETED BY SUPERVISOR**Start Date: 11/7/2023Department: Sheriff's OfficePosition: Patrol DeputyBase hours per week: 42.75Current Status: ☒ Full Time ☐ Part Time no benefitsREQUEST EFFECTIVE DATE: 04/26/2025**ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS**

Pay Rate: _____ Hourly

\$ _____ Salaried

Employee Pay Grade: PG 8

Pay Rate is _____ % of market rate

Budget Account # 01-04-0402-0000
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 PAST CERTFrom \$27.66To \$29.04☐

Last Day Worked: _____

☐ Voluntary ☐ Discharged ☐ Laid Off

Comments:

EMPLOYEE NAME: Hagen Majors**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 ☐ Issue door key # _____☐ I-9☐ Supporting ID for I-9☐ Direct Deposit ☐ ACTIVATE _____☐ Personnel Manual Acknowledgement☐ LifeDate of 1st deduction: **EMPLOYEE** **EMPLOYER**

PERSI

Medical

Dental

Supp Life

Entered by: _____ Date: _____

SIGNATURESubmitted by: John Clements4/22/2025

Date

Approved by the Board of
County Commissioners: _____

Date

Deliver this original form to the Payroll Department