

**PAYROLL FORM**☒ NEW EMPLOYEE☐ CHANGE EXISTING EMPLOYEEEMPLOYEE NAME: Melanie Hiller**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: _____

TO BE COMPLETED BY SUPERVISORStart Date: 4/14/25Department: Prosecutor's OfficePosition: Asst. Office Admin

Base hours per week: _____

Current Status: ☒ Full Time ☐ Part Time no benefits

REQUEST EFFECTIVE DATE: _____

**ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY
THE BOARD OF COUNTY COMMISSIONERS**Pay Rate: \$ 21.19 Hourly

\$ _____ Salaried

Employee Pay Grade: 04

Pay Rate is _____ % of market rate

Budget Account # _____

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: _____

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

Submitted by: _____

Approved by the Board of
County Commissioners: _____Date: 4/15/25

Date: _____

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