PAYROLL FORM Image: Description of the section of	EMPLOYEE NAME: Kirsten Daley TO BE COMPLETED BY EMPLOYI Mailing Address: City, State, Zip: Physical Address: City, State, Zip:	
Current Status: Full Time Part Time no benefits	Telephone:	
REQUEST EFFECTIVE DATE:2/22/25	Emergency Contact:	
ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS	TO BE COMPLETED BY PAYROLL	DEPARTMENT
Pay Rate: \$25.72 Hourly	DATE OF FIRST PAYCHECK:	
	INSURANCE ELIGIBILITY DATE:	∟aw Enforcement al Form bor R&Β
	Entered by:	Date:
SIGNATURE		
Submitted by: Dan Reyes	Date	April 25, 2025
Approved by the Board of County Commissioners:	Date	
Deliver this original form to the County Manager and a copy to the		