



PAYROLL FORM

☒ NEW EMPLOYEE☐ CHANGE EXISTING EMPLOYEE**TO BE COMPLETED BY SUPERVISOR**Start Date: 4/28/2025Department: Assessor - DMV/DL'sPosition: Motor Vehicle/Driver's License SpecialistBase hours per week: 40Current Status: ☒ Full Time ☐ Part Time no benefits**REQUEST EFFECTIVE DATE: 04/28/25****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:** FULLMER, AUBREY**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: _____

SIGNATURESubmitted by: Havala Arnold4/25/2025

Date

Approved by the Board of
County Commissioners: _____

Date

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