



PAYROLL FORM

Revised 10-14-2021

☒ NEW EMPLOYEE

☐ CHANGE EXISTING EMPLOYEE

TO BE COMPLETED BY SUPERVISOR

Start Date: _____

Department: IT Department

Position: IT Technician

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: \$ 30.00 Hourly

\$ _____ Salaried

Employee Pay Grade: 9

Pay Rate is _____ % of market rate

Budget Account # 1-14-40200

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: Internship for 360 hours at \$10.00 per hour.

EMPLOYEE NAME: _____

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

☐ 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: _____

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