



# PAYROLL FORM

Revised 2024\_02\_23

☐ NEW EMPLOYEE

☒ CHANGE EXISTING EMPLOYEE

## TO BE COMPLETED BY SUPERVISOR

Start Date: 1/1/2025

Department: Sheriff's Office

Position: Emergency Communications Manager

Base hours per week: 40

Current Status x ☐ Full Time ☐ Part Time no benefits

REQUEST EFFECTIVE DATE: 1/1/2025

ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS

Pay Rate: 33.7 Hourly

70,096.00 33.7 Salaried

Employee Pay Grade: 8

Pay Rate is 110% % of market rate

Budget Account #                       
FUND DEPT ACCOUNT

### Change Rate of Pay:

☐ Merit Increase (attach Performance Evaluation)

☐ Promotion ☒ Other                     

From                     

To                     

FALSE Termination (Must attach Employee Separation Report):

Last Day Worked:                     

Voluntary Discharged FALSE Laid Off

FALSE FALSE

Comments:

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

REQUEST EFFECTIVE DATE: 1/1/25

EMPLOYEE NAME Kaden Moulton

## TO BE COMPLETED BY EMPLOYEE

Mailing A

City, Stat

Physical

City, Stat

Email Ac

Telephor

Emerger

ER Con

## TO BE

DATE O

INSURA

☐ W-4

FALSE I-9

FALSE Supporting ID for I-9

FALSE Direct Deposit

FALSE Personnel Manual Acknowledgement

FALSE PERSI Forms FALSE 118 for Law Enforcement

FALSE Seasonal Form

FALSE Report New Hire to ID Dept. of Labor

FALSE Add Benefit Sick Leave Hrs.

FALSE Notify I.T. \LSE Facilities FALSE R&B

FALS Contact AFLAC representative

FALS Contact NBS (Laura Woolston)

Accrual Activation Date for Benefited Employee                     

Entered by:                      Date:                     

## SIGNATURE

Submitted by: 

Date

6/04/25

Approved by the Board of County Commissioners: 

Date

6/23/25

Deliver this original form to the Payroll Department