



PAYROLL FORM

- NEW EMPLOYEE
- CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Susan Hill

TO BE COMPLETED BY SUPERVISOR

Start Date: _____

Department: Courts

Position: Court Supervisor

Base hours per week: 36

Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: May 13, 2024

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

Pay Rate: _____ Hourly
 \$ _____ Salaried

Employee Pay Grade: _____
 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: Changing from 40 hrs per week to 36 hrs per week.

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: _____

SIGNATURE

Submitted by: Kim Keelley

5/10/24
Date

Approved by the Board of County Commissioners: _____

Date

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