Revised 4-14-2022

PAYROLL FORM

☐ NEW EMPLOYEE

☐ CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Burkley M. Rudd

TO BE COMPLETED BY SUPERVISOR

Start Date: May 20 2024

Department: Prosecuting Attorne

Position: Civil Deputy Prosecuting Attorney

Base hours per week: _____

Current Status: [x] 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: $ _____ Hourly

$ 95,000 Salaried

Employee Pay Grade: 6

Pay Rate is _____ % of market rate

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

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:

TO BE COMPLETED BY EMPLOYEE

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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: Bailey Smith 5/8/24
Date

Approved by the Board of County Commissioners: _____
Date

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