



PAYROLL FORM

Revised 12/14/2017

NEW EMPLOYEE

CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Jason Sterna

TO BE COMPLETED BY SUPERVISOR

Start Date: February 13 2024
Department: Solid Waste
Position: Laborer
Base hours per week: 40
Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: February 13 2024

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

Pay Rate: \$ 17.17 Hourly
\$ _____ Salaried
Employee Pay Grade: _____
Pay Rate is 86 % of market rate
Budget Account # 223 SW 40 200
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:
I would like to have J. Sterna start February 13 2024 if not sooner.

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

Accrual Activation Date for Benefited Employee _____

Entered by: _____ Date: _____

SIGNATURE

Submitted by: [Signature]

2/7/2024
Date

Approved by the Board of County Commissioners: _____

_____ Date

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