



PAYROLL FORM

Revised 6/4/2013

NEW EMPLOYEE

CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: TYLER HUBBELL

TO BE COMPLETED BY SUPERVISOR

Start Date: 2/14/24
Department: Teton County Sheriff's Office
Position: DISPATCH
Base hours per week: 40
Current Status: Full Time Part Time no benefits

REQUEST EFFECTIVE DATE: 2/14/24

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

Pay Rate: \$24.00 Hourly
\$ _____ Salaried
Employee Pay Grade: SHERIFF SUPERVISOR
Pay Rate is % of market rate
Budget Account # 01 19 0407
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:
NEW HIRE FOR THE DISPATCH CENTER.

TO BE COMPLETED BY EMPLOYEE

Mailing Address _____
City, State, Zip: _____
Physical Address _____
City, State, Zip: _____
Telephone: _____
Emergency Contact Name _____
Emergency Contact phone _____

TO BE COMPLETED BY EMPLOYEE

DATE OF FIRST PAYROLL _____
INSURANCE ELIGIBILITY:
 W-4 issue door key # _____
 I-9
 Supporting ID for I-9
 Direct Deposit ACTIVATE _____
 Personnel Manual Acknowledgement
 Life

	Date of 1st deduction:	EMPLOYEE	EMPLOYER
PERSI			
Medical			
Dental			
Supp Life			

Entered by: _____ Date: _____

SIGNATURE

Submitted by: [Signature] #44 2/14/24
Date

Approved by the Board of County Commissioners: _____
Date

Deliver this original form to the Payroll Department