

**AGENDA**  
**COOSA COUNTY COMMISSION**  
**November 14, 2018**  
**9:30 AM**

**WELCOME**

**PUBLIC COMMENTS:**

Sharon Fuller, Executive Director – Lake Martin Area United Way

**ELECTED OFFICIAL COMMENT:**

**CALL TO ORDER**

**COMMISSION ROLL CALL**

**INVOCATION, PLEDGE OF ALLEGIANCE**

**APPROVE AGENDA**

**READING OF MINUTES**

**AWARDS AND PRESENTATIONS**

**CONSENT AGENDA- MOTION AND SECOND TO APPROVE**

- (A) Motion for Chairman, Vice Chairman and Administrator to authorize to issue and sign checks for payment of monthly expenses and payroll.
- (B) Motion to approve changes in employees: job description, salary, work hours, status (including budget approved raises).

**NEW BUSINESS**

- (1) Election of Commission Chairman – Nominations Open
- (2) Election of Commission Vice-Chairman – Nominations Open
- (3) Establishment of Regular Meeting Date and Time – Chairman
- (4) Approval of Proclamation regarding Alabama Farm-City Week – Chairman
- (5) Permission to Bid Out 2 HVAC Units to be installed at the Coosa County Jail – Maintenance Manager Brown/Administrator Graham
- (6) Discussion of Affordable Care Act Requirements and Coosa County Compliance – Administrator Graham
- (7) Approval to Keep Employee Contribution for Health Insurance the Same as FY18 and for the Commission to cover the Increase in Premium of approximately \$ 20,660 to be paid by the funding source of each department.- Administrator Graham
- (8) Approval to participate in the 2019 Severe Weather Preparedness Tax Holiday, February 22-24 – Chairman
- (9) Approval to renew contract of County Engineer Tad Eason at the rate and for the time period specified in proposed contract – Chairman

**OLD BUSINESS**

- (1) Action on Findings of the Donan Engineering Co, Inc. report regarding flooding prevention in the basement of the Courthouse – Chairman/Maintenance Mgr

STAFF REPORTS

Administrator –

Engineer

Attorney-

EMA

Courthouse Maintenance-

Nutrition-

Safety Coordinator-

DISCUSSION ITEMS BY COMMISSIONERS

County Travel Policy WORK SESSION TO IMMEDIATELY FOLLOW THE  
COMMISSION MEETING

ADJOURN

**MINUTES****COOSA COUNTY COMMISSION****NOVEMBER 14, 2013****9:30 A.M.****ELECTED OFFICIAL COMMENT****CALL TO ORDER**

THE COOSA COUNTY COMMISSION MET AT THE COOSA COUNTY COURTHOUSE NOVEMBER 14, 2013 FOR ITS REGULAR MEETING WITH COMMISSIONER TODD ADAMS, PRESIDING.

**COMMISSION ROLL CALL**

COMMISSIONER ROLL CALL CONSISTED OF COMMISSIONERS TODD ADAMS, BERTHA K. MCELRATH, UNZELL KELLEY, RANDALL DUNHAM, AND RONNIE JOINER.

**INVOCATION AND PLEDGE OF ALLEGIANCE**

INVOCATION WAS GIVEN BY UNZELL KELLEY. THE PLEDGE OF ALLEGIANCE WAS SAID BY ALL IN ATTENDANCE.

**APPROVE AGENDA**

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY UNZELL KELLEY TO APPROVE THE AGENDA. UNANIMOUSLY APPROVED

**READING OF MINUTES**

MOTIONED BY COMMISSIONERS TODD ADAMS AND SECONDED BY UNZELL KELLEY TO DISPENSE READING OF MINUTES. UNANIMOUSLY APPROVED

# CONSENT AGENDA

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA K. MCEL RATH TO APPROVE FOR THE CHAIRMAN, VICE CHAIRMAN AND ADMINISTRATOR TO AUTHORIZE TO ISSUE AND SIGN CHECKS FOR PAYMENT OF MONTHLY EXPENSES AND PAYROLL. UNANIMOUSLY APPROVED

MOTION TO APPROVE CHANGES IN EMPLOYEES: JOB DESCRIPTION, SALARY, WORK HOURS, STATUS (INCLUDING BUDGET APPROVED RAISES). *bg*

## Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Effective Date of Change 10/1/2018

☐ New Hire

☒ Change

☐ Separation

Employee Name Self

Jerry

Social Security # \_\_\_\_\_

Employee/Payroll # 1

Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

### Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	16.39	16.88	3% raise by Comm.
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Michom, County Administrator

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 1/1

Date 10/01/18

Date 1/1



# Payroll/Status Change Notice

Please Print

**Routing** ☒ Payroll

 Effective Date of Change 10/1/2018

 Employee Name Williams
☐ New Hire

☒ Change

☐ Separation

Social Security # \_\_\_\_\_

 Employee/Payroll # 25

 Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

 Status: ☐ Full-Time

☐ Part-Time

☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary

☐ Other

Job Title \_\_\_\_\_

☐ Exempt

☐ Non-Exempt

☐ Hourly

W-4 Attached?

☐ Yes

☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	10.55	10.87	3% raise by Comm. FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Short-Term Disability

☐ Personal

☐ Long-Term Disability

☐ Family/Medical Leave (Including Pregnancy)

☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget Mechan County Administrator

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

 Date 10/1/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ATTORNEY**

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/2018

☐ New Hire

☒ Change

☐ Separation

Employee Name Kelly

Charles

Social Security # \_\_\_\_\_

Employee/Payroll # 3

Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

☐ Part-Time Temporary ☐ Other

Job Title \_\_\_\_\_ ☐ Exempt

☐ Non-Exempt ☐ Hourly

W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.13	13.52	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget Oklahoma County Administrator

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/1/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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ATTORNEY

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name DennisTerrySocial Security #                     Employee/Payroll # 5Dept. Road/LandfillAddress                                     Telephone # ( )Date of Birth (for administrative use only)        /        /       Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title                                     ☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.45	13.85	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave        /        /       Return from Leave        /        /       ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date        /        /       Last Day Worked        /        /       Last Day Paid        /        /       ☐ Voluntary Separation☐ Involuntary SeparationNotice of COBRA Rights Provided on        /        /       Election of COBRA ☐ Yes ☐ NoStart Date of Coverage        /        /       If yes, describe type of coverage elected:                                     

## Additional Comments

Employee Signature (Optional)                                     Supervisor/Designated Manager Signature Budget Hishom, County Administrator

Name and Title

Date        /        /       Human Resources/Payroll Manager Signature                                     

Name and Title

Date 10/1/18Date        /        /       

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3148

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name EzekielTimothy

Social Security # \_\_\_\_\_

Employee/Payroll # 19Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	12.18	12.55	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Name and Title

Name and Title

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/1/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name Robinson TerrySocial Security #                     Employee/Payroll # 20Dept. RoadAddress                                     Telephone # ( )           

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time TemporaryDate of Birth (for administrative use only)        /        /       ☐ Part-Time Temporary ☐ OtherJob Title                                      ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	12.18	12.55	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other

## Separation

Separation Date        /        /       Last Day Worked        /        /       Last Day Paid        /        /       ☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ NoNotice of COBRA Rights Provided on        /        /       If yes, describe type of coverage elected:                                     Start Date of Coverage        /        /       

## Additional Comments

Employee Signature (Optional)                                     Supervisor/Designated Manager Signature Budget Union County Administrator

Name and Title

Date        /        /       Human Resources/Payroll Manager Signature                                     

Name and Title

Date 10/1/18Date        /        /       

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# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name SimmonsVictor

Social Security # \_\_\_\_\_

Employee/Payroll # 24Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12.18</u>	<u>12.55</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature

Budget Boham County Administrator

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name GutheryCarlSocial Security #                     Employee/Payroll # 35Dept. RoadAddress                                     Telephone # ( )

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time TemporaryDate of Birth (for administrative use only)        /        /       ☐ Part-Time Temporary ☐ Other       Job Title                                      ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.13</u>	<u>13.52</u>	<u>3% raise by Comm</u> <u>F41819</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave        /        /       Return from Leave        /        /       ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other       

## Separation

Separation Date        /        /       Last Day Worked        /        /       Last Day Paid        /        /       ☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ NoNotice of COBRA Rights Provided on        /        /       If yes, describe type of coverage elected:       Start Date of Coverage        /        /       

## Additional Comments

Employee Signature (Optional)                                     Supervisor/Designated Manager Signature Budget Shoham

Name and Title

County AdministratorDate        /        /       Human Resources/Payroll Manager Signature                                     

Name and Title

Date 10/1/18Date        /        /       

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# Payroll/Status Change Notice

Please Print

 Routing ☒ Payroll ☐ ☐
Effective Date of Change 10/1/18☐ New Hire☒ Change☐ SeparationEmployee Name Evan JrWilliamSocial Security #                     Employee/Payroll # 37Dept. RoadAddress                                     Telephone # ( )Date of Birth (for administrative use only)        /        /       Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title                                      ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.88</u>	<u>12.24</u>	<u>3% Raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave        /        /        Return from Leave        /        /       ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date        /        /       Last Day Worked        /        /       Last Day Paid        /        /       ☐ Voluntary Separation☐ Involuntary SeparationNotice of COBRA Rights Provided on        /        /       Election of COBRA ☐ Yes ☐ NoStart Date of Coverage        /        /       If yes, describe type of coverage elected:                                     

## Additional Comments

Employee Signature (Optional)                                     Supervisor/Designated Manager Signature Budget Mahon, CAHuman Resources/Payroll Manager Signature                                     Date        /        /       Date 10/1/18Date        /        /



# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018Employee Name Goff☐ New Hire☒ Change☐ Separation

Social Security # \_\_\_\_\_

Employee/Payroll # 43Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_

☐ Part-Time Temporary ☐ Other☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.45	13.85	3% raise by Comm. FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

If yes, describe type of coverage elected: \_\_\_\_\_

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature

Budget Bohem, CA

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature

Date 10/1/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3151

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name NeighborsPhillipSocial Security #                     Employee/Payroll # 44Dept. RoadAddress                                     Telephone # ( )Date of Birth (for administrative use only)        /        /       Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title                                      ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	30.11	31.01	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave        /        /       Return from Leave        /        /       ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date        /        /       Last Day Worked        /        /       Last Day Paid        /        /       ☐ Voluntary Separation☐ Involuntary SeparationNotice of COBRA Rights Provided on        /        /       Election of COBRA ☐ Yes ☐ NoStart Date of Coverage        /        /       If yes, describe type of coverage elected:                                     

## Additional Comments

Employee Signature (Optional)                                     Date        /        /       Supervisor/Designated Manager Signature Budget Boham, CA

Name and Title

Date 10/1/18Human Resources/Payroll Manager Signature                                     

Name and Title

Date        /        /       

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ATTORNEY



# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018Employee Name Butler☐ New Hire☒ Change☐ Separation

Social Security # \_\_\_\_\_

Employee/Payroll # 48Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary ☐ Other

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.03</u>	<u>11.36</u>	<u>390 raise by Comm FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other \_\_\_\_\_

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Graham, CA

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/1/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

 Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_
Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name MoonGregory

Social Security # \_\_\_\_\_

Employee/Payroll # 53Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	10.89	11.22	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Graham, CA

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/1/19

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name JacksonMaurry

Social Security # \_\_\_\_\_

Employee/Payroll # 600Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>10.07</u>	<u>10.37</u>	<u>3% raise by Comm. FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Mahom, CA

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/1/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_Effective Date of Change 10/1/2017☐ New Hire☒ Change☐ SeparationEmployee Name HardmanJimmy

Social Security # \_\_\_\_\_

Employee/Payroll # 49Dept. Road / Landfill

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	9.02	9.29	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Return from Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Worked \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Hickom CA

Name and Title

Name and Title

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date 10/1/18

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/01/2018☐ New Hire☒ Change☐ SeparationEmployee Name AbramsRaymond

Social Security # \_\_\_\_\_

Employee/Payroll # 72Dept. Road

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	10.30	10.61	3% raise by Comm. FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget D. Abraham

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/1/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name BaxleyRobertSocial Security #                     Employee/Payroll # 78Dept. RoadAddress                                     Telephone # ( )                     

Street

City

State

ZIP Code

Date of Birth (for administrative use only)            /            /           Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title                                      ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.75</u>	<u>14.16</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave            /            /           Return from Leave            /            /           ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other                                     

## Separation

Separation Date            /            /           Last Day Worked            /            /           Last Day Paid            /            /           ☐ Voluntary Separation☐ Involuntary SeparationNotice of COBRA Rights Provided on            /            /           Election of COBRA ☐ Yes ☐ NoStart Date of Coverage            /            /           If yes, describe type of coverage elected:                                     

## Additional Comments

Employee Signature (Optional)                                     Supervisor/Designated Manager Signature Budgit Mhoham

Name and Title

Name and Title

Human Resources/Payroll Manager Signature                                     

Name and Title

Date            /            /           Date 10/01/18Date            /            /



# Payroll/Status Change Notice

Please Print

**Routing** ☒ Payroll
Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name BrownWilliam

Social Security # \_\_\_\_\_

Employee/Payroll # 59Dept. Maintenance

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>16.51</u>	<u>17.01</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget Mahom

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name WootenElda

Social Security # \_\_\_\_\_

Employee/Payroll # 52Dept. Maintenance

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>9.25</u>	<u>9.53</u>	<u>30% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budjet Moham

Name and Title

Name and Title

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name HaleTerr

Social Security # \_\_\_\_\_

Employee/Payroll # 36Dept. EMA

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary ☐ Other

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	10.73	11.05	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget H. Bishop, CA

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name LipscombTimothySocial Security #                     Employee/Payroll # 14Dept. 50Address                                     Telephone # ( )Date of Birth (for administrative use only)        /        /       Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title                                      ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.88	14.30	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave        /        /       Return from Leave        /        /       ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date        /        /       Last Day Worked        /        /       Last Day Paid        /        /       ☐ Voluntary Separation☐ Involuntary SeparationNotice of COBRA Rights Provided on        /        /       Election of COBRA ☐ Yes ☐ NoStart Date of Coverage        /        /       If yes, describe type of coverage elected:                                     

## Additional Comments

Employee Signature (Optional)                                     Date        /        /       Supervisor/Designated Manager Signature Budget H. Graham, CA

Name and Title

Date 10/01/18Human Resources/Payroll Manager Signature                                     

Name and Title

Date        /        /



# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_Effective Date of Change 10/1/2018Employee Name Moon☐ New Hire☒ Change☐ Separation

Social Security # \_\_\_\_\_

Employee/Payroll # 18Dept. 50

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Part-Time Temporary ☐ Other \_\_\_\_\_☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	14.14	14.56	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other \_\_\_\_\_

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget D. Grohman, CA

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name DavidsonJoseph

Social Security # \_\_\_\_\_

Employee/Payroll # 23Dept. SO

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>17.51</u>	<u>18.04</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget D. McNamee, CA

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name ThomasSheila

Social Security # \_\_\_\_\_

Employee/Payroll # 26Dept. SO

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	15.91	14.33	3% raise by Comm. F4 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Return from Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Worked \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budgit Mahom CA

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/01/18

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name HammondScott

Social Security # \_\_\_\_\_

Employee/Payroll # 29Dept. SO

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	15.39	15.85	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Budget Graham, EADate 10/01/18

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget Graham, EADate 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

**Routing** ☒ Payroll
Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name BurkeEdward

Social Security # \_\_\_\_\_

Employee/Payroll # 31Dept. 50

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	15.24	15.70	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other \_\_\_\_\_

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) Budget H. 99Supervisor/Designated Manager Signature Budget Hickem

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/01/18Date 10/01/18

Date \_\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name RuddMichael

Social Security # \_\_\_\_\_

Employee/Payroll # 42Dept. 50

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.88</u>	<u>14.30</u>	<u>3% raise by COMM</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Graham, CA

Name and Title

Name and Title

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name DavenportTrenton

Social Security # \_\_\_\_\_

Employee/Payroll # 69Dept. SO

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.88</u>	<u>14.30</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability ☐ Long-Term Disability ☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budgit Hishorn

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

 Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_
Effective Date of Change 10/01/2018☐ New Hire☒ Change☐ SeparationEmployee Name ThorntonJumie

Social Security # \_\_\_\_\_

Employee/Payroll # 58Dept. 80

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12.41</u>	<u>12.78</u>	<u>3% raise by Comm</u> <u>FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)  
☐ Short-Term Disability ☐ Long-Term Disability ☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_
Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget Mahom CADate 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name RichardsonBlake

Social Security # \_\_\_\_\_

Employee/Payroll # 85Dept. 50

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.88</u>	<u>14.30</u>	<u>3% raise by Comm</u> <u>FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other \_\_\_\_\_

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Graham

Name and Title

Name and Title

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/01/2018☐ New Hire☒ Change☐ SeparationEmployee Name Jones IV RaymondSocial Security # \_\_\_\_\_ Employee/Payroll # 87 Dept. 50

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Date of Birth (for administrative use only) / /

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.88	14.30	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave / / Return from Leave / /

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date / / Last Day Worked / / Last Day Paid / /

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Deaton CA

Date / /

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date / /

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name MullMichael

Social Security # \_\_\_\_\_

Employee/Payroll # 30Dept. Jail

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	16.07	16.55	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Graham

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ Separation

Employee Name

KeelFranklin

Social Security #

Employee/Payroll #

38

Dept.

Jail

Address

Street

City

State

ZIP Code

Telephone # ( )

Date of Birth (for administrative use only) / /

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other

Job Title

☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>14.21</u>	<u>14.64</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave

Return from Leave

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date

Last Day Worked

Last Day Paid

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on

Election of COBRA

☐ Yes ☐ No

Start Date of Coverage

If yes, describe type of coverage elected:

## Additional Comments

Employee Signature (Optional)

Supervisor/Designated Manager Signature

Budgit Hoshom, CA

Name and Title

Human Resources/Payroll Manager Signature

Date

Date 10/01/18

Date

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# Payroll/Status Change Notice

Use Print

☐ Routing ☒ Payroll
Effective Date of Change 10/1/18☐ New Hire☒ Change☐ SeparationEmployee Name EbertCharles

Social Security # \_\_\_\_\_

Employee/Payroll # 45Dept. Jail

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12.31</u>	<u>12.68</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Bridget Graham, CA

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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ATTORNEY

3163

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name McAnnallyMary

Social Security # \_\_\_\_\_

Employee/Payroll # 54Dept. Tail

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_

☐ Part-Time Temporary ☐ Other☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.96</u>	<u>12.32</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget GrahamName and Title CA

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name RoyalRodney

Social Security # \_\_\_\_\_

Employee/Payroll # 64Dept. Tail

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	11.96	12.32	3% raise by Comm F4 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability ☐ Long-Term Disability ☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation ☐ Involuntary Separation

Election of COBRA ☐ Yes ☐ No Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Maham

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name PodollWilliam

Social Security # \_\_\_\_\_

Employee/Payroll # 70Dept. Jail

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.96</u>	<u>12.32</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments \_\_\_\_\_

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget Mohamed, CA

Name and Title

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name DavisWilliam

Social Security # \_\_\_\_\_

Employee/Payroll # 76Dept. Jail

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.96</u>	<u>12.32</u>	<u>3% raise by Comm</u> <u>FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

## Leave of Absence

Begin Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Return from Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability ☐ Long-Term Disability ☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Day Worked \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Day Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget Mahom Name and Title \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_ Name and Title \_\_\_\_\_

Date 10/01/18

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name LocklearKennedy

Social Security # \_\_\_\_\_

Employee/Payroll # 79Dept. Jail

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	11.96	12.32	3% raise by Comm
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments \_\_\_\_\_

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget Graham, CA

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name LamberthDavid

Social Security # \_\_\_\_\_

Employee/Payroll # 81Dept. Jail

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.96</u>	<u>12.32</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			<u>FY 18/19</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other \_\_\_\_\_

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budget Michom CA

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_Effective Date of Change 10/1/2016☐ New Hire☒ Change☐ SeparationEmployee Name YarbroughJessie

Social Security # \_\_\_\_\_

Employee/Payroll # 82Dept. Jail

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>10.51</u>	<u>10.83</u>	<u>3% raise by Comm</u> <u>F41819</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget Graham

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name WardTravis

Social Security # \_\_\_\_\_

Employee/Payroll # 83Dept. Jail

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.96</u>	<u>12.32</u>	<u>3% raise by Comm</u> <u>FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Hickman, CADate 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name MurphreeDoraid

Social Security # \_\_\_\_\_

Employee/Payroll # 86Dept. Jail

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.96</u>	<u>12.32</u>	<u>3% raise by Comm</u> <u>F-4 18119</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget Echom

Name and Title

CA

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018Employee Name Buttram Jr.☐ New Hire☒ Change☐ Separation

Social Security # \_\_\_\_\_

Employee/Payroll # 51Dept. Security

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Part-Time Temporary ☐ Other \_\_\_\_\_☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>16.51</u>	<u>10.83</u>	<u>3% raise by Comm. FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature \_\_\_\_\_

Budat N. Elkhani, CA

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name LarmanMelvin

Social Security # \_\_\_\_\_

Employee/Payroll # 47Dept. Security

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>16.51</u>	<u>10.83</u>	<u>3% raise by Comm</u> <u>FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Return from Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Worked \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments \_\_\_\_\_

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Dikham, CA

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name ShawRobert

Social Security # \_\_\_\_\_

Employee/Payroll # 71Dept. Security

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>10.51</u>	<u>16.83</u>	<u>3% raise by Comm</u> <u>FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability ☐ Long-Term Disability ☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Dichen CA

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name MortonNatalieSocial Security #                     Employee/Payroll # 50Dept. CommissionAddress                                     Telephone # ( )                     Date of Birth (for administrative use only)            /            /           Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other                     Job Title                                      ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.48	13.88	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other <u>                    </u>			

## Leave of Absence

Begin Leave            /            /            Return from Leave            /            /           ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other                     

## Separation

Separation Date            /            /            Last Day Worked            /            /            Last Day Paid            /            /           ☐ Voluntary Separation☐ Involuntary SeparationNotice of COBRA Rights Provided on            /            /           Election of COBRA ☐ Yes ☐ NoStart Date of Coverage            /            /           If yes, describe type of coverage elected:                                     

## Additional Comments

Employee Signature (Optional)                                     Date            /            /           Supervisor/Designated Manager Signature Budget H. Graham, CADate 10/01/18Human Resources/Payroll Manager Signature                                     Date            /            /



# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ Separation

Employee Name

HillAgatha

Social Security #

Employee/Payroll #

Dept. Commission

Address

Telephone # ( )

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) / /

☐ Part-Time Temporary ☐ OtherJob Title ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	12.42	12.79	3% raise by Comm. FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave / / Return from Leave / /

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability ☐ Long-Term Disability ☐ Other

## Separation

Separation Date / / Last Day Worked / / Last Day Paid / /

☐ Voluntary Separation ☐ Involuntary Separation

Election of COBRA ☐ Yes ☐ No Notice of COBRA Rights Provided on / /

If yes, describe type of coverage elected: / /

## Additional Comments

Employee Signature (Optional)

Supervisor/Designated Manager Signature

Budget N. Wilson CA

Name and Title

Date / /

Human Resources/Payroll Manager Signature

Date 10/01/18

Date / /



3170

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name CaldwellElizabeth

Social Security # \_\_\_\_\_

Employee/Payroll # 9Dept. Probate

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	19.02	19.59	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Moham, CA

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ATTORNEY**  
RECOMMENDED

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name Blankenship MargaretSocial Security # \_\_\_\_\_ Employee/Payroll # 16 Dept. ProbateAddress \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other \_\_\_\_\_  
Job Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>20.78</u>	<u>21.40</u>	<u>3% raise by Comm</u> <u>FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)  
☐ Short-Term Disability ☐ Long-Term Disability ☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_  
If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget N. Moham CA

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name WeathersPam

Social Security # \_\_\_\_\_

Employee/Payroll # 17Dept. Probate

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	17.41	17.93	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments \_\_\_\_\_

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature

Bridget H. Michem, CA

Name and Title

Name and Title

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name BlockerShirley

Social Security # \_\_\_\_\_

Employee/Payroll # 27Dept. Probate

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.67</u>	<u>12.02</u>	<u>3% raise by Comm</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability ☐ Long-Term Disability ☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation ☐ Involuntary Separation

Election of COBRA ☐ Yes ☐ No Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Abraham CA

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Routing ☒ Payroll

☐ New Hire☒ Change

☐ Separation

Maggie

Employee/Payroll # 46

Dept. Probate

Telephone #           

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

☐ Part-Time Temporary      ☐ Other

Job Title \_\_\_\_\_ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

**Change(s) for Current Employee**

## Leave of Absence

Begin Leave     /    /     Return from Leave     /    /    

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other \_\_\_\_\_

## Separation

Separation Date        /        /        Last Day Worked        /        /        Last Day Paid        /        /       

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on      /      /

Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected:

### Additional Comments

Employee Signature (Optional)

Supervisor/Designated Manager Signature Budget D. Mohorn, CA

Human Resources/Payroll Manager Signature

Date     /     /

Date 10/01/18

Date     /     /

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Effective Date of Change 10/1/2018

☐ New Hire☒ Change

☐ Separation

Employee Name Shaw Valencia

Social Security # \_\_\_\_\_ Employee/Payroll # 15 Dept. Reappraisal

Address \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone # \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Other \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other

Job Title \_\_\_\_\_  
 Change(s) from \_\_\_\_\_  
☐ Temporary ☐ Part-Time Temporary ☐ Other \_\_\_\_\_  
☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

### Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.43	13.85	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			
Leave of Absence	Begin Leave		

## Leave of Absence

☐ Educational  
☐ Short-Term Disability  
☐ Personal  
☐ Long-Term Disability  
☐ Family/Medical Leave (Including Pregnancy)  
☐ Other

## Separation

**Separation** Separation Date       /      /       Last Day Worked       /      /       Last Day Paid       /      /        
☐ Voluntary Separation ☐ Involuntary Separation  
 Election of COBRA ☐ Yes ☐ No Start Date of Coverage       /      /       Notice of COBRA Rights Provided on       /      /        
 If yes, describe type of coverage elected: \_\_\_\_\_

### Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Graham, CA Name and Title \_\_\_\_\_ Date 1/1/18

Human Resources/Payroll Manager Signature \_\_\_\_\_ Name and Title \_\_\_\_\_ Date 1/1/18



3173

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name MillerDeborah

Social Security # \_\_\_\_\_

Employee/Payroll # 21Dept. Reappraisal

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.45	13.83	3% raise by Comm. 6/4/18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Mahom, CA

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ATTORNEY**

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name HayesLynn

Social Security # \_\_\_\_\_

Employee/Payroll # 40Dept. Reaprase

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ OtherJob Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	17.87	18.40	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

☐ Educational☐ Short-Term Disability☐ Personal☐ Long-Term Disability☐ Family/Medical Leave (Including Pregnancy)☐ Other

## Separation

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_\_

Notice of COBRA Rights Provided on \_\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Michom

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name SellersLes

Social Security # \_\_\_\_\_

Employee/Payroll # 4Dept. EMA

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	\$309.00	\$318.37	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Graham

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Payroll/Status Change Notice

Please Print

**Routing** ☒ Payroll ☐
Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name SmartFred

Social Security # \_\_\_\_\_

Employee/Payroll # 33Dept. Public Transportation

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Part-Time Temporary ☐ Other

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	9.14	9.41	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary SeparationElection of COBRA ☐ Yes ☐ No

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Khoshn

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name YoderLaurie

Social Security # \_\_\_\_\_

Employee/Payroll # 67Dept. Nutrition

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	1190.08	1225.78	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Richom

Name and Title

Date 10/01/18

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name OdenBrenda

Social Security # \_\_\_\_\_

Employee/Payroll # 68Dept. Nutrition

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1190.08</u>	<u>1225.78</u>	<u>3% raise by Comm FY 18/19</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability ☐ Long-Term Disability ☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budat H. Graham

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name GilbertEdwardSocial Security #                     Employee/Payroll # 73Dept. NutritionAddress                                     

Street

Telephone # ( )

City

State

ZIP Code

Date of Birth (for administrative use only)        /        /       Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other                     Job Title                                      ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	7.73	7.96	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave        /        /       Return from Leave        /        /       ☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other                     

## Separation

Separation Date        /        /       Last Day Worked        /        /       Last Day Paid        /        /       ☐ Voluntary Separation☐ Involuntary SeparationNotice of COBRA Rights Provided on        /        /       Election of COBRA ☐ Yes ☐ NoStart Date of Coverage        /        /       If yes, describe type of coverage elected:                                     

## Additional Comments

Employee Signature (Optional)                                     Supervisor/Designated Manager Signature Budget W. Graham

Name and Title

Name and Title

Human Resources/Payroll Manager Signature                                     

Name and Title

Date        /        /       Date 10/01/18Date        /        /

# Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name JudkinsChat

Social Security # \_\_\_\_\_

Employee/Payroll # 80Dept. Nutrition

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Date of Birth (for administrative use only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_

Job Title \_\_\_\_\_

☐ Exempt☐ Non-Exempt ☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	7.50	7.72	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Return from Leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Worked \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Day Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Budget H. Johnson

Name and Title

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Human Resources/Payroll Manager Signature \_\_\_\_\_

Name and Title

Date 10/01/18

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ \_\_\_\_\_ ☐ \_\_\_\_\_Effective Date of Change 10/1/2018☐ New Hire☒ Change☐ SeparationEmployee Name BensonStanford

Social Security # \_\_\_\_\_

Employee/Payroll # 7Dept. Public Transportation

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Street

City

State

ZIP Code

Date of Birth (for administrative use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other \_\_\_\_\_Job Title \_\_\_\_\_ ☐ Exempt☐ Non-Exempt☐ HourlyW-4 Attached? ☐ Yes ☐ No

## Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	1458.48	1502.23	3% raise by Comm FY 18/19
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

## Leave of Absence

Begin Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ Return from Leave \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Educational☐ Personal☐ Family/Medical Leave (Including Pregnancy)☐ Short-Term Disability☐ Long-Term Disability☐ Other \_\_\_\_\_

## Separation

Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on \_\_\_\_/\_\_\_\_/\_\_\_\_

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, describe type of coverage elected: \_\_\_\_\_

## Additional Comments

Employee Signature (Optional) \_\_\_\_\_

Supervisor/Designated Manager Signature Bridget H. Graham

Name and Title

Name and Title

Human Resources/Payroll Manager Signature \_\_\_\_\_

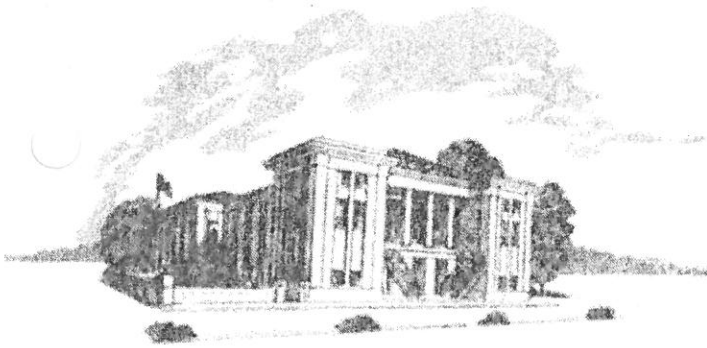
Name and Title

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 10/01/18

Date \_\_\_\_/\_\_\_\_/\_\_\_\_





# Coosa County Commission

Post Office Box 10  
ROCKFORD, ALABAMA 35136-0010

BRIDGET H. GRAHAM, CPA, CGMA  
ADMINISTRATOR  
PHONE (256) 377-1350  
FAX (256) 377-2524

DISTRICT 1  
RANDALL DUNHAM

DISTRICT 2  
BERTHA KELLY

DISTRICT 3  
UNZELL KELLEY

DISTRICT 4  
PAUL PERRETT

DISTRICT 5  
TODD J. ADAMS  
CHAIRMAN

November 14, 2018

To: The Coosa County Commission

Subject: Chat Judkins, PT Van Driver at West Coosa Senior Center

Honorable Commissioners:

On 11/22/2018, Chat Judkins will complete his six month probationary period and will be eligible to receive a 3 % increase in his hourly wage . His new wage will be: \$7.96 per hour

Regards,

*Bridget H. Graham*

Bridget H. Graham, CPA – County Administrator

**NEW BUSINESS**

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA MCELRATH TO KEEP THE SAME COMMISSION CHAIR. TODD ADAMS. UNANIMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA K. MCELRATH THE SAME COMMISSION VICE-CHAIR BERTHA K. MCELRATH. UNANIMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM TO KEEP THE SAME ESTABLISHMENT OF REGULAR MEETING DATE AND TIME THE 2<sup>ND</sup> TUESDAY FOLLOWING FIRST MONDAY OF EACH MONTH AT 9:30 A.M. UNANIMOUSLY APPROVED

MOTIONED BY COMMISSIONERS RONNIE JOINER AND SECONDED BY UNZELL KELLEY THE APPROVAL OF  
PROCLAMATION REGARDING ALABAMA FARM-CITY-WEEK. UNANIMOUSLY APPROVED

## PROCLAMATION FOR COOSA COUNTY

### ALABAMA FARM-CITY WEEK

November 16 – 22, 2018


For over 60 years during Thanksgiving week, the American people have observed Farm-City Week to express gratitude for the bounty with which God has blessed our land and to recognize the achievements of the farmers, rural townspeople, and city residents who make our Nation's agricultural production and distribution system so successful. Truly this cooperation between rural and city dwellers for mutual benefit helps ensure our country's well-being.

America's farmers have provided food and fiber to sustain our people throughout decade after decade of progress. Farmers' productivity has increased steadily, thanks largely to their initiative in supporting and adopting the methods and materials developed by scientific research. Yield per acre has grown tremendously, with the result that American farmers are able not only to meet the Nation's basic needs for food stuffs, but also to produce agricultural goods for export and for a wide variety of specialty markets here in the United States and around the world.

American agriculture, and the many service industries that depend upon it in cities and towns and along all the routes in between, is a story of extraordinary labor creating extraordinary abundance. At this time of year, it is only fitting that all Americans offer some special sign of thanks to those who grow, harvest, and bring to our Nation's tables the fruits of sun, seed, and soil.

**NOW, THEREFORE, I, the Honorable Todd Adams, Chairman of the Coosa County Commission,** by virtue of the authority vested in me do hereby, proclaim the week of November 16 through November 22, 2018, as ALABAMA FARM-CITY WEEK. I call upon all citizens of Coosa County to join in recognizing the accomplishments of our productive farmers and of our urban residents, who cooperate to create abundance, wealth, and strength for our County, State, and Nation.

**IN WITNESS WHEREOF,** I have hereunto set my hand this 14<sup>th</sup> day of November in the year of our Lord two thousand eighteen.

  
\_\_\_\_\_  
Todd Adams, Chairman



MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM APPROVED FOR THE ADMINISTRATOR AND THE MAINTENANCE MANAGER TO BID OUT 2 HVAC UNITS TO BE INSTALLED AT THE COOSA COUNTY JAIL. UNANIMOUSLY APPROVED

DISCUSSION OF AFFORDABLE CARE ACT REQUIRMENTS AND COOSA COUNTY COMPLIANCE.

MOTIONED BY COMMISSIONERS RONNIE JOINER AND SECONDED BY RANDALL DUNHAM THE APPROVAL TO KEEP EMPLOYEE CONTRIBUTION FOR HEALTH INSURANCE THE SAME AS FY18 AND FOR THE COMMISSION TO COVER THE INCREASE IN PREMIUM OF APPROXIMATELY \$20,660 TO BE PAID BY THE FUNDING SOURCE OF EACH DEPARTMENT. UNANIMOUSLY APPROVED

*Higher*  
Cost to County ~~if~~ Cost is Covered

BC/BS Rate Increase Effective 1-1-18 (*Begin pmt in Dec*)

Increase in Rate		(Dec - Sept)		
26	"Single Rate"	@ 21/month	X 10 months =	5460.00
8	"Retiree Rate"	@ 21/month	X 10 months =	1680.00
26	"Family Rate"	@ 52/month	X 10 months =	13520.00
				<u>\$ 20,660.00</u> Total

charged to 7 cent fund	\$ 6,680
✓ to Gen Fund	13,980
	<u>\$ 20,660.00</u>

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY BERTHA K. MCEL RATH THE APPROVAL TO PARTICIPATE IN THE 2019 SEVERE WEATHER PREPAREDNESS TAX HOLIDAY. UNANIMOUSLY APPROVED

**RESOLUTION PROVIDING FOR COOSA COUNTY'S PARTICIPATION IN  
THE "SEVERE WEATHER PREPAREDNESS SALES TAX HOLIDAY" AS  
AUTHORIZED BY ACT NO. 2012-256**

**WHEREAS**, during its 2012 Regular Session, the Alabama Legislature enacted Act No. 2012-256, effective April 26, 2012, which provides an exemption of the state and use tax for certain severe weather preparedness supplies during the last full weekend of February of each year; and

**WHEREAS**, Act No. 2012-256 authorizes the county commission to provide for an exemption of county sales and use taxes for purchases of items covered by the Act during the same time period in which the state sales and use tax exemption is in place, provided a resolution to that effect is adopted at least fourteen days prior to 12:01 a.m. on the last Friday in February 23, 2018; and

**WHEREAS**, the Coosa County Commission has affirmatively voted to grant the exemption of county sales and use taxes on purchases covered by Act No. 2012-256 during the last weekend of February 2019, beginning at 12:01 a.m. on February, 22, 2018 and ending at twelve midnight on Sunday, February 24, 2019, the last weekend of February in 2019; and

**WHEREAS**, Code of Alabama 1975, § 11-51-210(e) requires that the county commission notify the Alabama Department of Revenue of any new local tax or amendment to an existing local tax levy at least 30 days prior to the effective date of the change; and

**WHEREAS**, the exemption of certain county sales and use taxes for the last full weekend of February, 2019 herein adopted by the county commission is an amendment to the county's sales and use tax levy warranting notice to the Alabama Department of Revenue as provided in Code of Alabama 1975, § 11-51-210(e);

**WHEREFORE BE IT RESOLVED BY THE COOSA COUNTY COMMISSION** that it does hereby provide for an exemption of the county sales and use tax on purchases of items covered by Act No. 2012-256 beginning at 12:01 a.m. on February 22, 2019 and ending at twelve midnight on Sunday, February 24, 2019.

**BE IT FURTHER RESOLVED** that a copy of this resolution be spread upon the minutes of the November 14, 2018 meeting of the Coosa County Commission, and be immediately forwarded to the Alabama Department of Revenue in compliance with Code of Alabama 1975; § 11-51-210(e).

**IN WITNESS WHEREOF**, the Coosa County Commission has caused this Resolution to be executed in its named and on its behalf by its Chairman on this 14<sup>th</sup> day of November, 2018.



*Todd J. Adams*

Todd J. Adams, Chairman  
Coosa County Commission

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY UNZELL KELLEY THE APPROVAL TO RENEW CONTRACT OF COUNTY ENGINEER. UNANIMOUSLY APPROVED

STATE OF ALABAMA     )  
                                      )  
COUNTY OF COOSA     )

## EMPLOYMENT CONTRACT

This agreement is made this the 14th day of November, 2018, between Coosa County, hereinafter referred to as County and **DONALD W. EASON**, hereinafter referred to as County Engineer.

### ARTICLE ONE

**TERM OF EMPLOYMENT:** The County herein employs the County Engineer and the County Engineer hereby accepts employment with the County for a period of time beginning upon the date of this Agreement and continuing until the end of the term of office of the current Commission, provided, however, that this Agreement may be terminated earlier as hereinafter provided. The County Engineer agrees to and shall reside in Coosa County during his term of employment.

### ARTICLE TWO

**DUTIES OF COUNTY ENGINEER:** The County Engineer is hereby employed as the County Engineer of Coosa County and is to perform the functions and duties commonly discharged by the County Engineer under the Unit System type of Government. The County Engineer shall have the following duties and responsibilities which shall include, but shall not be limited to, the following:

1. Those duties and functions listed in Exhibit A, Job Description, attached hereto.
2. Report directly to the County Commission and its Chairman.
3. In conducting the duties and obligations of the County Engineer of Coosa County, the County Engineer understands that all of his official duties are subject to review and approval of the Coosa County Commission.

### ARTICLE THREE

**COMPENSATION:** The annual compensation shall be Ninety-Seven Thousand and NO/100 Dollars (\$97,000.00), at the beginning of this Agreement, payable in equal installments in the same manner that other County employees are paid, consistent with the Coosa County bookkeeping system, and prorated for any partial employment period. This salary shall be increased during the term of this agreement by the amount allowed in accordance with the State of Alabama Department of Transportation pay scale for county engineers, up to the maximum monthly state participation (70% State—30% County) and as otherwise provided by law based upon raises granted to Coosa County employees. Said salary increase shall become effective at the time said increase is granted.



#### ARTICLE FOUR

**BENEFITS:** The County agrees to include the County Engineer in any and all hospital, surgical, dental, and/or other medical benefit and retirement plans, and any other insurance benefit plan granted and given to other County employees. The County agrees to pay the premiums for said hospital and medical benefits, as well as other employment benefits offered to the County Engineer, in the same amount, and under the same terms and conditions as those premiums are paid for other employees of the County. All other benefits, other than those specifically set forth herein, shall be the same as currently provided to general County employees pursuant to the current Policy covering said benefits.

**VACATION:** The County Engineer shall be entitled to the same paid vacation leave as are other County employees, and shall also be entitled to credit toward said vacation leave for each year of previous employment as the County Engineer.

**SICK LEAVE:** The County Engineer shall be entitled to the sick leave benefits granted to all Coosa County employees in accordance with the current Policy.

**HOLIDAYS:** The County Engineer shall be entitled to a holiday with full pay on any and all holidays granted to other County employees.

#### ARTICLE FIVE

##### **TERMINATION:**

**BY THE COUNTY ENGINEER:** This agreement may be terminated by the County Engineer by giving sixty (60) days written notice of said termination to the County. Such termination shall not prejudice any other remedy to which the terminating party may be entitled either at law, in equity, or under this Agreement.

**BY COUNTY:** The County may immediately terminate this Agreement upon the occurrence of any one of the following occurrences without having to compensate the County Engineer for any salary, benefits or deferred compensation to which he would have been entitled under the remaining term of this contract:

- (a) County Engineer's conviction of a crime of moral turpitude;
- (b) County Engineer's violation of the Coosa County drug-free work-place policy;
- (c) County Engineer's becoming incapacitated to physically or mentally perform the duties as required by the Commission;
- (d) County Engineer's gross insubordination as determined by a majority vote of the Commission;
- (e) County Engineer's violation of any Federal or State laws which govern Employment practices, as determined by a Court of competent jurisdiction.

**EFFECT OF TERMINATION ON COMPENSATION:** In the event of the termination of this Agreement prior to the completion of the terms of employment as specified herein, the County Engineer shall be entitled to the compensation earned by him prior to the date of termination as provided for in this Agreement (including vacation and holiday leave, and other accrued benefits), computed pro rata, up to and including that date. The County Engineer shall be entitled to no further compensation as of the date of termination except as set forth in this contract as of the date of termination.

**ATTORNEY AND OTHER FEES UPON DEFAULT:** If either of the respective parties hereto shall default in any of the covenants herein so as to require the party not in default to commence legal or equitable action against the defaulting party, the defaulting party shall pay all of the other party's reasonable attorney fees and costs incurred by said non-defaulting party.

### ARTICLE SIX


**GENERAL PROVISIONS:** Any notices to be given hereunder by either party to the other may be effected either by personal delivery in writing or by mail, registered or certified, postage prepaid with return receipt requested. Mail notices shall be addressed to the parties at their current mailing address. Notices delivered personally shall be deemed communicated as of actual receipt; mailed notices shall be deemed communicated as of three (3) days after mailing.

**LAW GOVERNING AGREEMENT:** This Agreement shall be governed by and construed in accordance with the Laws of the State of Alabama.

**PAYMENT OF MONIES DUE DECEASED COUNTY ENGINEER:** If the County Engineer dies prior to the expiration of the term of employment, any monies that may be due him from the County under this Agreement as of the date of his death shall be paid to his Personal Representative.

**LEGAL CONSTRUCTION:** In the event that one or more of the provisions contained in this Agreement shall, for any reason, be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

**SIGNED AND DELIVERED** on the date stated above.

  
 DONALD W. EASON  
 County Engineer

**COOSA COUNTY COMMISSION**

by:   
 TODD J. ADAMS, Chairman

**OLD BUSINESS**

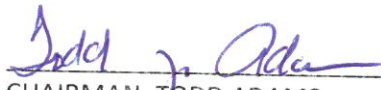
MOTIONED BY COMMISSIONERS TODD ADAMS AND SECONDED BY RANDALL DUNHAM TO TAKE ACTION AND FINDINGS OF THE DONAN ENGINEERING CO, INC. REPORT REGARDING FLOODING PREVENTION IN THE BASEMENT OF THE COURTHOUSE. UNANIMOUSLY APPROVED

NOTE: NO BIDS WERE RECEIVED FOR #5, #6 AND #78 GRANITE.

**MOTION TO ADJOURN**

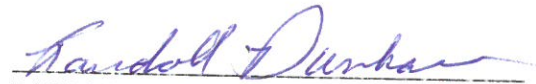
MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY BERTHA K. MCELRATH TO ADJOURN AFTER THE WORK SESSION. UNANIMOUSLY APPROVED

MINUTES APPROVED THIS 11th DAY OF DECEMBER, 2018.

  
CHAIRMAN, TODD ADAMS

  
VICE CHAIRMAN, BERTHA K. MCELRATH

  
UNZELL KELLEY

  
RANDALL DUNHAM

  
RONNIE JOINER



