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-
<u>EMA</u>
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, 2018 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. MCELRATH 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 Cha	nge Notice			
Routing ☐ Payroll Effective Date of Change 10/ Employee Name 5elf	1 /2018 Jern	□ New Hire	Change	☐ Separation
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Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signatu		Name and Title County Administry Aame and Title Name and Title	D.	ate/_/ ate/_/



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ection of COBRA Yes yes, describe type of coverage elec	ted:	Notice of COB	Paid/
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mployee Signature (Optional) upervisor/Designated Manager Signat uman Resources/Payroll Manager Sig	ure Budget Wahon Name	end little Quanty Administrator	Date //



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Routing A Payroll				
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Routing A Payroll]		
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yes, describe type of coverage elected dditional Comments	Level .			and the state of t
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Payroll/Status Cl	nange Notice				· x	
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Job Title		☐ Exempt				nched? Yes No
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Separation Separation Date Voluntary Separation Election of COBRA Yes If yes, describe type of coverage elect Additional Compresses	☐ No Start D	Separation ate of Coverage	Not	Last Day Paid ice of COBRA Rig	hts Provided	on/_/
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Employee Signature (Optional)	/\ /	A f Name and 7	itle		Dat	e//
Supervisor/Designated Manager Signat	ure Budgut	Mahore Name and To	, CA			e_10/1/18
Human Resources/Payroll Manager Sig	nature	Name and Ti				e



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Routing A Payroll					
Effective Date of Change	10/1 /2018		LJ	-	
Employee NameG	off	Starte	W Hire	M Change	☐ Separation
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The second of th		Employee/Pa	yroll # <u>43</u>	Dept	Road
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Shift Change			10100		390 raise by Comm.
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Union Scale					
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eave of Absence Begin Leave	/ /				
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ditional Comments		Security and company of the contract of the co			
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4 Marie 19 M		Name and Title			Date/_/
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Routing A Payroll				
Effective Date of Change 10/1	/2018	New Hire	Ճ Change	☐ Separation
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and the second s	The second of the second		Dept. Rose	
Address		A STATE OF THE STA		
Telephone # _()		Date of Birth (for a		State ZIP Code
Status: Full-Time Part-Ti	me Full-Time Temporary			
Job Title	Exempt	☐ Non-Exempt		Attached? Yes No
Change(s) for Current Emp			THE STATE OF THE S	Tittachett, Lifes Life
Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Change of Insurance Layoff Length of Service Increase Merit Increase Merit Increase Find of Introductory Period Promotion Recvaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other.		31.01	3%	raise by Commy
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☐ Educational ☐ Short-Term Disability	☐ Personal ☐ Long-Term Disability	☐ Fami	ly/Medical Leave (Incl er	luding Pregnancy)
Election of COBRA Yes f f yes, describe type of coverage elected:	☐ Involuntaty Separation No Start Date of Cover	Notice of C	est Day Paid	vided on//
Additional Comments				
Employee Signature (Optional) Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signatu	Budget Union	and Title And Title and Title		Date// Date//



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Employee Name Social Security # Address Telephone # ()	Emple	New Hire Michael	⊠ Change	☐ Separation
Employee Name Social Security # Address Telephone #	Sutler Emplo	Michael		☐ Separation
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Address Telephone # _()		oyee/Payroll #_48		ddte //
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			ALCEN AVELOR	
	Street	City		State
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Routing Payroll	П			
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Address	Street	City		
Telephone # ()			inistrative use only)/	ZIP Code
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aman Resources/Payroll Manager Sign	ature				
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Job Title	re-rime LI Full-1	ime Temporary	L Part-Time Ter	nporary Doth	er
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If yes, describe type of coverage electe Additional Comments	ч				
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"upervisor/Designated Manager Signatur	The state of the s	N. Mane and Title	/		Date /
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Payroll/Status Ch	ange Notice			
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Address				
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Type From To Comments Address Change Demotion Department Department Oliver	Please Print	Audinos de la Companya de la Company			
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☐ Address Change ☐ Demotion ☐ Department ☐ 401(k)/403(b) Contribution ☐ Insurance Eligibility ☐ Job Title ☐ Change of Insurance ☐ Layoff ☐ Length of Service Increase ☐ Merit Increase ☐ End of Introductory Period ☐ Promotion ☐ Reevaluation of Current Job ☐ Rehire ☐ Resignation ☐ Retirement ☐ Salary/Wage ☐ Separation ☐ Shift Change ☐ Transfer ☐ Union Scale		e From 9,25		9.53		39/o raise	by Cow	
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Name and Title

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Supervisor/Designated Manager Signature ______

Human Resources/Payroll Manager Signature ____

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Routing Payroll	0			
Effective Date of Change Employee Name	101 1 10	□ New Hire 7 evri	[X] Change	☐ Separation
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Address	Street			
Telephone # _() Status:		Date of Birth (In the Temporary Part-Time To Non-Exempt		only)/ ZIP Co
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They consult a services are always a substitute for legal advice and does not provide legal opinions on any specific facts or services, inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

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Social Security #	11130	yroll # 14	Dept. SO	et to de describe describe de la companya de la companya de la dela companya con de la companya con de la companya del la companya de la companya del la companya de la com
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Address	freet	City		
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Routing Payroll				
Effective Date of Change /		☐ New Hire		☐ Separation
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Social Security #	Account to the second s	Employee/Payroll # 23	Dept	SO
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Address	Street			1000 mm
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Routing A Payroll				
Effective Date of Change Employee Name The	10/ 1 /2018 5 mas	New Hire Sheilg	M Change	☐ Separation
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ATTORNEY

Payroll/Status Change Notice

Routing Payroll Effective Date of Change 10/1 / 2018 ☐ New Hire Change Change ☐ Separation Employee Name Burke Edward Social Security #_ Employee/Pavroll # 3/ 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 Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility I Job Title Change of Insurance ☐ Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Joh Rehire Resignation Retirement Salary/Wage 15.24 15.70 30/8 raise by Comy Separation Shift Change ☐ Transfer Union Scale Other Leave of Absence ☐ 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) _ pervisor/Designated Manager Signature Budget Human Resources/Payroll Manager Signature



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Routing Payroll Effective Date of Change 12018 ☐ New Hire ☑ Change ☐ Separation Employee Name __ Daverport renton Social Security # Employee/Payroll # 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 Hourly W-4 Attached? Yes Change(s) for Current Employee Comments Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Da Job Title Change of Insurance ☐ Layoff Length of Service Increase Merit Increase End of Introductory Period T Promotion Reevaluation of Current Job Rehite Resignation Retirement ☑ Salary/Wage 13.88 14.30 3% raise by Comm ☐ Separation Shift Change Transfer Union Scale ☐ Other Leave of Absence Return from Leave ☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy) ☐ Short-Term Disability ☐ Long-Term Disability ☐ Other Separation Separation Date Last Day Worked ☐ Voluntary Separation Last Day Paid __ ☐ 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) upervisor/Designated Manager Signature Date 10/01/ Human Resources/Payroll Manager Signature



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Employee/Paycell # S Dept. S	Employee Name	ornton	Juni	16	Midd	la la
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Donain - Ft D 11	- <u>L</u> i / - County		
Routing A Payroll			The second second
0	1 / 1 /2018	New Hire	Change Separation
Employee NameEb		arles	hange
Social Security #		irst //-	Pept. Jail
Acres 14		THE RESERVE OF THE PERSON OF T	ept. Oarr
Address	Street		Control of the Contro
Telephone # ()	Street	Date of Rivel (C. 1	State ZIP Code
Status: Full-Time Par	t-Time Full-Time Tempora	Date of Birth (for admin	
Job Title	□ Exemple	1)	
Change (s) for 6		□ Non-Exempt □ Ho	ourly W-4 Attached? Yes No
Change(s) for Current E	中中华州中国 1988年,郑州市、周州市、北京、北京区域、北京发展、北京区域		NATIONAL CONTRACTOR
Type	From	<u>_</u> to to	Comments
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Department			
401(k)/403(b) Contribution			A second of English as
Insurance Eligibility			
Job Title			
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Promotion			
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Rehire			
Resignation			2 10 10 10 10 10 10 10 10 10 10 10 10 10
Retirement			
M Salary/Wage	12.31	12.68	390 raise by Comm
Separation Strict Cl			FY 18119
☐ Shift Change ☐ Transfer			- 100/2/
Union Scale			
Other			
eave of Absence Begin Leave	Return from Leave		
Short-Term Disability	☐ Personal		ical Leave (Including Pregnancy)
	☐ Long-Term Disability	☐ Other	
eparation Separation Date/ Voluntary Separation	Last Day Worked	/ /	
	☐ Involuntary Separation	Last Day Paid	
ection of COBRA T Yes T	7 No Son Do GO	Notice of COBRA	A Rights Provided on//
yes, describe type of coverage electe	ed:	age	
yes, describe type of coverage elected dditional Comments	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
dditional Comments			
mployee Signature (Optional)	-		
ervisor/Designated Manager Signatur	O. I L OI I Name	and Title	
uman Resources/Payroll Manager Signa	Nade	CA and little	Date 10/01 / 18
ayron wanager Signa	Name :	and Title	Date//
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Routing Payroll Effective Date of Change Employee Name MC A		New Hire	—————————————————————————————————————	1
Social Security #		/Payroll # <u>54</u>	Dept. Jail	
Address				
Telephone # _() Status:	urt-Time	Date of Birth (for acty Part-Time Tempo Non-Exempt		ZIP Code
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eave of Absence Begin Leave _ Educational Short-Term Disability	☐ Personal ☐ Long-Term Disability	☐ Family	Medical Leave (Including Pregnancy)	
ection of COBRA Yes	Last Day Worked Involuntary Separation No Start Date of Coverated:	Notice of CC	Day Paid // / DBRA Rights Provided on //	
dditional Comments				
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ease Print					
Routing M Payroll	Π				
Effective Date of Change	10/1 /2018		U		
Employee Name Koy	101	O. LIN	ew Hire	[X] Change	☐ Separation
Carlo	ist	Rodno	LY	M:	ddle
Social Security #	And the second s	_ Employee/Pa	ayroll # 64	Dept.	Jail
Address	Sala Mastra				ACTA NATIONAL AND ACTA AND ACT
The second secon	Street				
Telephone # _()			Date of Birth (fo	or administrativ	e use only) / /
Status: Full-Time I	'art-Time Full-Ti	me Temporary	Part-Time Ter		Other
Job Title		☐ Exempt	□ Non-Exempt		
Change(s) for Current	Employee		TO VERNOR	Lationity	W-4 Attached? Yes N
fype	From				the attended to
Address Change		A STATE OF SHARES	То		Comments
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Department 401(k)/403(b) Contribution					The state of the s
Insurance Eligibility					
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Rehire			-		
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Retirement					
Salary/Wage ☐ Separation	11.96		12.32		3% raised by Comna
Shift Change					FY 18/19
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Union Scale				<u> </u>	
Other					
eave of Absence Begin Leave		from Leave			
Educational	☐ Personal	1 Hom Leave/		.:1./X 1: 1 x	1
Short-Term Disability	☐ Long-Term I	Disability		niiy/Medical Lea	IVC (Including Pregnancy)
paration Separation Date Voluntary Separation	/ /		/		
Voluntary Separation Ection of COBRA Yes	D Involuntary	Separation		Last Day Paid	//
ection of COBRA Yes	□ No Start D	ate of Coverage	Notice of	COBRA Right	s Provided on/_/
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ves, describe type of coverage elec		et i planemen, plane () dy grand () p. krandy () diamen, ben'n park () diamen, ben'n park () diamen, ben'n			
anlana C:					
aployee Signature (Optional)	Q. 1 1 0	Name and Titl	3		
pervisor/Designated Manager Signat	ure Duggit &	Manon			
man Resources/Payroll Manager Sig	nature				town down to the same of the s
		Name and Title	** *** *** *** *** *** *** *** *** ***		Date / /



Please Print			i.	
Routing Payroll Effective Date of Change		ew Hire	∴ Change	☐ Separation
Employee Name Podol Social Security #		11:0m, ayroll # 70	Dept	Jail
	as Kristolies as D. Albail			
Address		City		State ZIP Code
Telephone # _()	Broader to the control of the contro			use only)/
Status: Full-Time Part-Ti	ime Full-Time Temporary	Part-Time Tem	porary [] ()ther
Job Title	Exempt	☐ Non-Exempt	Hourly	W-4 Atrached? ☐ Yes ☐ No
Change(s) for Current Emp Type	lloyee From	on .		Comments
Address Change Demotion				
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Retirement	11.96	12.32		3012 Carica Var Carrat
Salary/Wage Separation	11114	10,00		340 raise by Commil
Shift Change				FT 10 IT
Transfer				V25
Union Scale				
Other				
Leave of Absence Begin Leave	/ / Return from Leave			то в при
Educational	☐ Personal	☐ Far	mily/Medical Le	CAVC (Including Pregnancy)
☐ Short-Term Disability	Long-Term Disability	LI Ou	her	
Separation Separation Date/	Last Day Worked			
☐ Voluntary Separation	☐ Involuntary Separation	Notice of	f COBRA Righ	nts Provided on/_/
Election of COBRA Yes	No Start Date of Covera	ige//_	-	
f yes, describe type of coverage elected	l:			
additional Comments				

Employee Signature (Optional)Supervisor/Designated Manager Signature	A Home	ind Titla		
Supervisor/Designated Manager Signature	Budget Stohan	, CA		Date 10/01/18
Human Resources/Payroll Manager Signat	ure			D / /
resources/rayton wanager signat	Name a	nd Title		Date/



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Payroll/Status Change Notice

'lease Print		Attack of the second of the se	
Routing N Payroll			
Effective Date of Change 10)/ / /20/5		
Employee Name	11 12018	New Hire	Change
Employee Name		Lilliant	Middle
Social Security #	Employ	ee/Payroll # 76	Dept. Jail
Address			A Residence of the second second
and the second s	Street	Gity	State 710 cod-
Telephone # ()		Date of Birth (for adm	inistrative use only)/
	t-Time	rary Part-Time Temporar	ry Other
Job Title	☐ Exemp	ot Non-Exempt 1	
Change(s) for Current E	mployee		, Italian
Type	From	To	Comments
Address Change			Comments
Demotion Department			
401(k)/403(b) Contribution			
Insurance Eligibility			
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Reevaluation of Current Job			
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Resignation Retirement			The second secon
Salary/Wage	11.96		
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J. Transfer			
Union Scale			
Other	,		
eave of Absence Begin Leave	Return from Laws		
Educational	☐ Personal		
Short-Term Disability	☐ Long-Term Disability	☐ Caban	edical Leave (Including Pregnancy)
paration same			
cparation Separation Date/	Last Day Worked	Last Day	Paid/
			RA Rights Provided on / /
ection of COBRA Yes [J No Start Date of Cove	erage	
ves, describe type of coverage electe			
aployee Signature (Optional)			
pervisor/Design 13.6	Q. I L M. I Nam	e and Title	Date/
pervisor/Designated Manager Signatur		e and Title	Date_10/01 /18
man Resources/Payroll Manager Signa	ature		7.0
	Nen	e and Title	Date/



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Effective Date of Change 10 Employee Name 10ck		New Hire Kennedy		
Social Security #		Employee/Payroll #		Jail
		No.	TAX SECTION A	COLUMN TO THE REAL PROPERTY OF THE PERTY OF
Address			A STATE OF THE PARTY OF THE PAR	
Telephone # _()	treet	Date of	Gity Birth (for administrative	state ZIP Code re use only)/
Status: Full-Time Pare	-Time			Other
ob Title		☐ Exempt ☐ Non-		
1		LI LACITUDE LI INOIT-	Exempt Li Flouriy	W-4 Attached? Yes No
Change (s) for Current E Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale	nployee From		2.32	Comments 300 raise by Gmm
Other				
ave of Absence Begin Leave Educational Short-Term Disability	☐ Personal ☐ Long-Term I	Disability	☐ Family/Medical I	
Paration Separation Date Voluntary Separation ction of COBRA Yes es, describe type of coverage elec	☐ Involuntary S ☐ No — Start D	Separation attended to Coverage /	Notice of COBRA Rig	hts Provided on//
ditional Comments				
nployee Signature (Optional)				



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Effective Date of Change _	10/1/2018	☐ New Hire	M Change	
Employee Name <u>Lan</u>	nberth	David	Ly Change	☐ Separation
Social Security #	ast	Employee/Payroll # 8/	Mid	Jail
AND SOME OF STREET		= Suppoyeerrayton # St	Dept	Jail
Address	Street			
Telephone # ()		Date of Birth	(for administration	State ZIP Code use only) //
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job Title		□ Exempt □ Non-Exempt	t Hourly	
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Z Salary/Wage	11.96	12.32	100	
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Short-Term Disability	Long-Term D	icability	amily/Medical Leav	C (Including Pregnancy)
paration Separation Date			Other	
Voluntary Separation	Last C		Last Day Paid	//
ction of COBRA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		eparation Notice	of COBRA Rights	Provided on/ /
ves describe toma of	rted.	te of Coverage//	termination.	- Annabase Aug
es, describe type of coverage elec				
res, describe type of coverage elec				
,				· ·
aployee Signature (Optional)	^	Name and Title		Date//
,	ure Budget U10			



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ffective Date of Change 10 mployee Name 4ar	1/12016 brough	□ New Hire Jessie		Separation
ocial Security #	Prospagnacional de Constitución	Employee/Payroll #	2 Dept.	Jail
	Mary Charles and Co	AASTERNA ANTONIO		All and the second seco
ddress	Street			
elephone # _()	Street	Date of Bir	rth (for administrative	State ZIP Code
atus:	t-Time			Other
b Title			empt Hourly	
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Change(s) for Current E	mployee	an Meditan Telepha		
Type Address Change	From		-10	Comments
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Resignation				
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Separation				FY 1819
Shift Change				
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Union Scale				
Other		A communication of the communi		
ve of Absence Begin Leave		n from Leave	_	•
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hort-Term Disability	LJ Long-Term	Disability	Other	
aration Separation Date				
oluntary Separation	☐ Involuntary	Separation No.	otice of COBRA Riol	nts Provided on//
ion of COBRA L Yes	☐ No Start I	Date of Coverage /	/	
, describe type of coverage elec	ted:	Ç		
itional Commants	NAME AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE	COMP (INC. TOTAL CASE) C. 3. 2 Translatings in John Process of American September 18 and Administrative Annies Company	THE STATE OF THE S	CONTRACTOR OF THE PROPERTY OF
itional Comments				
loyee Signature (Optional)	6			Date/ /
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rvisor/Designated Manager Signati	Tre Bridget Ils.	hom A		



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# \$3 Dept. City ate of Birth (for administrate Part-Time Temporary Non-Exempt Hourly	State ZIP Code tive use only)/
City ate of Birth (for administrate Part-Time Temporary Non-Exempt Hourly	State ZIP Code tive use only)/ / Other W-4 Attached?
City ate of Birth (for administrate Part-Time Temporary [Non-Exempt	tive use only)/ / Other W-4 Attached? Yes 1
ate of Birth (for administrate Part-Time Temporary [Non-Exempt Hourly	tive use only)/ /
То	Comments
12.32	3% rais by Comby FY 18/19
☐ Family/Medical ☐ Other Last Day Paid Notice of COBRA Ri	ights Provided on//
	/



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Routing Payroll Effective Date of Change Must Last Social Security # Address Telephone #		New New	City	Dept	Separation . State State ZIP Code see only)/_/
	rt-Time		Part-Time Ter		her
Job Title		☐ Exempt ☐	Non-Exempt	Hourly	W-4 Artached? Yes No
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Leave of Absence Begin Leave _ ☐ Educational ☐ Short-Term Disability	☐ Personal	nn Disability		amily/Medical Leav	/C (Including Programcy)
Separation Separation Date Voluntary Separation Election of COBRA Yes If yes, describe type of coverage ele	/ / Involunta	Last Day Worked rry Separation t Date of Coverage	Notice	of COBRA Rights	Provided on/_/
Additional Comments	The second secon				
Employee Signature (Optional) Supervisor/Designated Manager Signa Human Resources/Payroll Manager Si	ture Budget	Name and Title	CA		Date / / Date 10/01/18



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Routing Payroll			П		
Effective Date of Change	10/1/2018	ПМ	ew Hire	TH CI	
Employee Name Bu	Hram Jr.	Greon		Z Change	□ Separation
Social Security #	,t	Employee/Pa	(Middle
	Haral Roll of	- Dilipioyeers		Dept	Security
Address			20 TO 10 TO	Assessment to	
Telephone # ()	Street		City	c .	State ZIP Code
Status: Full-Time P	art-Time Full-T	ime Temporary	Date of Birth (ve use only) //
Job Title	Little Little		Part-Time To		Other
Change (e) for C		☐ Exempt	□ Non-Exempt	t Hourly	W-4 Attached? Yes No
Change(s) for Current	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN C			200	
Type Address Change	From		To		Comments
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Department					
401(k)/403(b) Contribution					
Insurance Eligibility					
☐ Job Title					Providence September 1995
Change of Insurance Layoff					
Length of Service Increase					
Merit Increase					
End of Introductory Period					
1 Promotion					
Reevaluation of Current Job					
Rehire Resignation					
Retirement					\$ \$ \frac{1}{2} \tag{2}
Salary/Wage	16.51		10.83		20/
Separation			10.05		3% raise by Comm.
Shift Change					FY 18/19
☐ Transfer ☐ Union Scale					
Other					
TARREST TO THE PROPERTY OF THE	the same of the sa	Programme to the absolute providing the latest			
Leave of Absence Begin Leave	Retur	n from Leave/		and the second s	CONTROL OF A STATE OF THE SECOND PROPERTY OF A STATE OF
Short-Term Disability	☐ Personal	D. 1.0.	☐ Fa	mily/Medical Le	CAVE (Including Pregnancy)
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Separation Separation Date	Las	t Day Worked	, ,		
d : Contained	Involuntary :	Separation	Notice o		nts Provided on/_/
ves, describe type of coverage also	☐ No Start D	ate of Coverage		_	no Frovided on
yes, describe type of coverage elec	red:				
dditional Comments					
Employee Signature (Optional)					
ervisor/Designated Manager Signate	Rugat W	Of Name and Title			
	The state of the s	- Mone and Title	CA		Date 10/01/18
Iuman Resources/Payroll Manager Sigr	nature				
		Name and Title			Date_/



Routing A Payroll			movement and a second
· ·			Change Separation
Employee Name Lar	nan M	elvin	Middle
Social Security #	Employee	e/Payroll # 47	Dept. Security
	A PLANTING WINE		Shirt and the state of the stat
Address	Street	City	State ZIP Co
Telephone # ()		Date of Birth (for adm	inistrative use only)/ /
Status: Full-Time Par	-Time Full-Time Tempora	ry Part-Time Temporar	y Other
Job Title	☐ Exempt	□ Non-Exempt □ 1	Hourly W-4 Attached? Yes
Change (s) for Current E. Type Address Change Demotion Department 401 (k)/403 (b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement	mployee From	10	Comments
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☐ Educational ☐ Short-Term Disability	☐ Personal	☐ Family/1	Medical Leave (Including Pregnancy)
Separation Separation Date Voluntary Separation Separation Separation Voluntary Separation Separation Vestor Separation	☐ Involuntary Separation ☐ No Start Date of Cove	Notice of CO	y Paid/ BRA Rights Provided on/ /
dditional Comments		No.	
Employee Signature (Optional)Supervisor/Designated Manager Signat	ure Bridget H. W.	nne ind Title	Date / / Date / / / / / / / / / / / / / / / / / / /



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Please Print					
Routing Payroll			П		
Effective Date of Change	10/1 /2018	FINI	w Hire	75	
Employee Name Social Security #	law	Robe		X Change	☐ Separation
Social Security #	St	First		/ Dept	iddle
	A CONTRACTOR OF THE STATE OF TH			Dept	Sicarity
Address	Street		The state of the s	Particular of Authority	and the transfer of the last
Telephone # ()	Street		City Date of Rivel	(C. 1 · · ·	State ZIP Code
Status: Full-Time P	'art-Time	me Temporary	Date of Birth (re use only) //
Job Title		☐ Exempt	☐ Part-Time T	emporary []	Other
Change(s) for Current		Exemple	LJ Non-Exemp	t L Hourly	W-4 Attached? Yes
Type				N. A. C.	ASSESSED FOR THE SECOND SE
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Department					
401(k)/403(b) Contribution					
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Merit Increase					
DENDER END OF THE PERIOD PERIOD PROMOTION					
Reevaluation of Current Job					
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Resignation					
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Ø Salary/Wage	10.51		16.83	3	3% raise his Church
Shift Change					3% raise by Comma
Transfer				<u> </u>	
Union Scale					
Other	No. 200			1	
eave of Absence Begin Leave	/ / Return	from Leave /	/	A STATE OF THE STA	The same commenced by the same of the same control of the same con
Educational	☐ Personal			amily/Medical Lea	AVC (Including Pregnancy)
Short-Term Disability	☐ Long-Term I			other	AVC (Including Pregnancy)
Paration Separation Date	/ / Last	Day Worked			
voluntary Separation	☐ Involuntary S	Separation	Notice	Last Day Paid	
ction of COBRA Yes	☐ No Start Da	ate of Coverage	//	or COBRA Right	ts Provided on/_/
ditional Comments	tea:				
ditional Comments	V december 1				Management and the second seco
nployee Signature (Optional)	/	Al Name and Title			Date/_/
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man Resources/Payroll Manager Sig	nature	Name and Titl€			
w 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Name and Title			



Effective Date of Change Mc		New Hire	☑ Change	☐ Separation
Social Security #		Employee/Payroll #_50	Dept. COM	amission
Address	Street	City	-	State ZIP Code
elephone # _()			(for administrative use	
	t-Time Full-Time			er
ob Tide		Exempt Non-Exem	ipt Hourly V	7-4 Attached? ☐ Yes ☐ N
Change (s) for Current E Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Inttoductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other	From:	13.88	39	o raise by Comm
ave of Absence Begin Leave _ Educational Short-Term Disability	☐ Personal		Family/Medical Leave	(Including Pregnancy)
Voluntary Separation Date Voluntary Separation ction of COBRA Yes es, describe type of coverage elec	☐ Involuntary Se☐ No Start Dat	paration Notice of Coverage	Last Day Paid /	Provided on//
ditional Comments	Control of the contro			
ployee Signature (Optional) ervisor/Designated Manager Signa	A	A. Name and Title		Date//
		/ / Paine and Title		



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Routing A Payroll			П		
Effective Date of Change /	0/1 /2018	[] New	Hiro	100	
Employee Name	ill	Agatho		Change	Separation
Social Security #		1 675		M	idale
	O DE SELECTION	Employee/Payr	OH #	Dept. <u>(</u>	ommission
Address	The state of the s		CARLO DES VESTOS		
Telephone # ()	Street		Data of Pinch ((C. 1 · · · ·	State ZIP Code
Status: Full-Time Pa	rt-Time	me Temporary	Part-Time To		re use only) / / ZIP Code
Job Title				emporary ∐ t □Hourly	Other
Change(s) for Current E			LL TOH-Exemp	t L Flourly	W-4 Attached? ☐ Yes ☐ N
Type	From				
Address Change			To	9	Comments
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401(k)/403(b) Contribution Insurance Eligibility					
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Change of Insurance					
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End of Introductory Period	The last state of the second specimen about the second second second second second second second second second				
Promotion Reevaluation of Current Job					
Rehire					
Resignation					
Retirement					
Salary/Wage	12.42		12.79		29/15/10
Separation					3% raise by Comm.
Shift Change					FY 18/19
☐ Transfer ☐ Union Scale					
Other					
eave of Absence Begin Leave	/ /	The same of the sa	Company of the Compan		
Begin Leave _	Personal Return	n from Leave/			
Short-Term Disability	☐ Long-Term I	Dia-Life	☐ Fa	amily/Medical Le	ave (Including Pregnancy)
			\sqcup \circ	other	,g, regiuncy)
eparation Separation Date	Last	t Day Worked/	/	* 11 mm	1 1
Voluntary Separation lection of COBRA	☐ Involuntary S	Separation	Notice of	of COBRA Righ	ts Provided on/_/
yes, describe type of coverage elect	□ No Start D	ate of Coverage _		_	
yes, describe type of coverage elect	CU:				
dditional Comments					
		,			
Employee Signature (Optional)					
pervisor/Designated Manager Signatu	re Budat N	Name and Title	11		Date/
		Name and Title	I.H		Date 10/01 /18
luman Resources/Payroll Manager Sign	ature	Name and Title			Date/ /



Please Print				
Routing Payroll				
		New Hire	□ Change	Separation
Employee Name <u>Caldu</u>	vull Eliza	beta First	Middle	
Social Security #	Employ	ee/Payroll#9	Dept. <u>Pro</u>	bate
Control of the Contro			CONTRACTOR OF THE	the sufficiency of the visit
Address -	Street	City		State ZIP Code
Telephone # ()			for administrative use	only)//
Status: Full-Time Pa	rt-Time		emporary Dothe	
Job Title	☐ Exemp	ot Non-Exempt	Hourly W	-4 Attached? ☐ Yes ☐ N
Change(s) for Current E Type Address Change	mployee From			Comments
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Insurance Eligibility				
Job Title				
Change of Insurance		***************************************		
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End of Introductory Period				
Promotion				
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Resignation Retirement				
Salary/Wage	19.02	19.59	39	o rouse by Comm
Separation			The state of the s	FY 18/19
Shift Change				
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	/ Return from Leave _	/ /		Bettiments, dans when assuring and a train or an order of moderate constraints and account and account of the constraints and the constraints.
Educational Begin Leave _	Personal		Family/Medical Leave (Tacheling Pranancy)
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naration Samuel Bate	Last Day Worked	The second secon	THE RESERVE OF THE PERSON OF T	
	☐ Involuntary Separatio		Last Day Paid /	
ction of COBRA Yes		overage / /		iovided on
	ected:	0		
ditional Comments				
nployee Signature (Optional)		Name and Title		Date//
pervisor/Designated Manager Signa	nture Budget H. No	1cm, CA		Date 10/01 /18
man Resources/Payroll Manager S		Name and little		Date//
10000100011 ay 1011 IVIaliage 5	Succession	Name and Title		Date//



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Routing \(\text{X}\) Payroll		The second secon			
Effective Date of Change L Employee Name Blan	6/1 /zols Kenship	□ New Margar		[] Change	☐ Separation
Social Security #		Employee/Payte	oll# 16	Dept	Probate
Address		5.00	Yn ()		
Telephone # _() Status: □ Full-Time □ P Job Title		ne Temporary [Oate of Birth (for Part-Time Tem	porary 🗆 O	use only)/ / ther
Change (s) for Current Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale	Employee From 20.78		2-1.40		90 raise by Comm
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es, describe type of coverage elec	CCII.				
ployee Signature (Optional) ervisor/Designated Manager Signat nan Resources/Payroll Manager Sig	ure Budget N.	Mone and Title			Date/_/ Date/ 01//8
January Ci Gig		Name and Title			Date/ /



Routing Payroll					
Effective Date of Change 10, Employee Name Ve a		Pau	Tire	Change Middl	Separation
Social Security #	max./mg	Employee/Payro	11#	Dept.	Probate
	Carlotte Va	Carlo Sept Carlos			
Addresss	treet		City		State ZIP Code
elephone # ()				r administrative	use only) /
tatus: Full-Time Part	-Time Full-Tir	ne Temporary] Part-Time Ten	iporary 🔲 C	Other
ob Title		☐ Exempt ☐] Non-Exempt	☐ Hourly	W-4 Attached? Yes No
Change (s) for Current Er Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change	nployee From		17.93		390 raise by Comm
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ave of Absence Begin Leave Educational Short-Term Disability Daration Separation Date Voluntary Separation	Personal Long-Term /	Disability st Day Worked /	Fai Ot Notice o	Last Day Paid	ave (including Pregnancy) / / ts Provided on //
es, describe type of coverage elect	ed:				
aployee Signature (Optional)					
ployee Signature (Optional) pervisor/Designated Manager Signatu man Resources/Payroll Manager Sign		Name and Title	, CA		Date 1001/18



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Routing Payroll	10/1/2			
Effective Date of Change Employee Name	locker	DNew Hire	Change Change	☐ Separation
Social Security #		Employee/Payroll # 27	Middle	Probato
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Address	Street		0.1 2 200	40 2 2 2 East 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Telephone # _() Status:		ne Temporary Part-Time Ter	mporary 🔲 O	ther
Change(s) for Current Type Address Change Demotion	Employee From	To		Comments
Department 401(k)/403(b) Contribution				
Insurance Eligibility Job Title Change of Insurance			100	
Layoff Length of Service Increase				
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Reevaluation of Current Job Rehire				2 KD 85
Resignation Retirement Salary/Wage	11.67	12.00		
Separation Shift Change Transfer		12.00	د این	% raise by Comm
Union Scale Other				
ve of Absence Begin Leave	D.A	COD CODE	A COLUMN TO THE PROPERTY OF THE PARTY OF THE	The second secon
hort-Term Disability	☐ Personal ☐ Long-Term D	☐ Fan	nily/Medical Leave	(Including Pregnancy)
Separation Date of COBRA Yes Adscribe type of coverage electric describe type of coverage electric describes type electric describes type of coverage electric describes type electric describes electric describes electric describes electric describes electric describe	☐ Involuntary Se	pay Worked/ /	Last Day Paid /	Provided on / /
itional Comments		e of Coverage//		
oyee Signature (Optional)				Date/ /
visor/Designated Managor Signature	Buda L H	Name and Title		Date
an Resources/Payroll Manager Sig	tire Magar H	· Wildnem CA		Date 10/01/18



Routing X Payroll				
0	1 1 12018	□ New Hire	☑ Change	☐ Separation
Employee Name Stro	ud M	0991e	M	iddie O
Social Security #	Empl	oyee/Payroll#		Probate
		a Note that the		
	treet	Cit	y	State ZIP Code
Felephone # ()		Date of Bir	rth (for administrativ	ve use only)/_/
Status: Full-Time Part			ne Temporary	Other
ob Title	□ Exe	inpt	empt	W-4 Attached? Yes No
Change (s) for Current Er Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other	nployee From		11-69	Comments 3% raise by Comms FY 18/19
ave of Absence Begin Leave	/ / Return from Leav	e / /	Marks Mar (Mar (Mar) Security in Art (Security) and (Security) Security (Security)	no esemble con singui esemble succession de control es por esta de manera de provincia en como ese grado cabal
Educational Short-Term Disability	□ Personal □ Long-Term Disabili		☐ Family/Medical I ☐ Other	£ave (Including Pregnancy)
Voluntary Separation Date Voluntary Separation ction of COBRA Yes es, describe type of coverage elect	☐ Involuntary Separati ☐ No Start Date of (ion No	Last Day Paid otice of COBRA Rig	thts Provided on/_/
ditional Comments				
nployee Signature (Optional) pervisor/Designated Manager Signatu	Quedat H DI	Natin and Title		Date//
man Resources/Payroll Manager Signatu		Name and Title		Date 10/01/18 Date / /



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Employee Name	10/1 /2018 haw	Valence	y Hire	M Change	☐ Separation
Social Security #			roll#15	Dept. 12	eaprasal
Address					
Job Title		me Temporary	Date of Birth (Part-Time T		
Change (s) for Current Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other	Employee From		13.85		Comments To raise by Comm Fy 18/19
Leave of Absence Begin Leave Educational Short-Term Disability Separation Separation Date Voluntary Separation Election of COBRA Yes f yes, describe type of coverage election	☐ Personal ☐ Long-Term I / / Last ☐ Involuntary S ☐ No Start Dated:	Disability Day Worked / Separation ate of Coverage	Fe O	Last Day Paid / / Of COBRA Rights Pr	rovided on//
f yes, describe type of coverage elected dditional Comments Employee Signature (Optional) Dervisor/Designated Manager Signature Human Resources/Payroll Manager Signature	re Budget 1	Narge and Title			Date//



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Routing Payroll Effective Date of Change)////2019			
Employee Name	ler	□ New Hire Deboloch	[A] Change	☐ Separation
Social Security #		Employee/Payroll # 21	Dept. Rec	aviraisal
Address Telephone #()	Street	City Date of Birth	(for administrative use	State ZIP Code
Job Title		ime Temporary Part-Time	Temporary Dth	•
Change (s) for Current E Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other	mployee From	the first think the second of	To	Oraise by Comm. EY 18/19
eave of Absence Begin Leave _ Educational Short-Term Disability	☐ Personal		Family/Medical Leave	(Including Pregnancy)
Voluntary Separation Date Voluntary Separation ection of COBRA Yes yes, describe type of coverage elected	☐ No Start I	ast Day Worked / / Separation Notice Date of Coverage / /	tast Day Paid / e of COBRA Rights P	/ rovided on//
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mployee Signature (Optional) upérvisor/Designated Manager Signat uman Resources/Payroll Manager Sig	ure Budget 1	A. M. Name and fitte Name and fitte Name and fitte		Date / / Date 10/01/18



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То	Comments
18.40	90 raise by Comm FY 18/19
☐ Family/Medical Leave	C (Including Pregnancy)
Last Day Paid/ Notice of COBRA Rights	/ /
	Date// Date10/01/18
	Other Last Day Paid Notice of COBRA Rights /



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Routing Dayroll				
Effective Date of Change		☐ New Hire	M Change	☐ Separation
Employee Name Sel	lurs	Les	Middle	
Social Security #		Employee/Payroll #	Dept. E	MA
		A STATE OF THE STATE OF THE STATE OF	estimate to be	San Carlos Company
Address	Street	City		State ZIP Code
Telephone # ()			(for administrative us	
Status: Full-Time Pa	rt-Time	me Temporary Part-Time	Temporary Dtl	ner
Job Title		☐ Exempt ☐ Non-Exem	pt Hourly	W-4 Attached? Yes No
Change (s) for Current E Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer	From From From From From	F 318, 27	To 3	Comments Poraise by Comme FY 18/19
Union Scale				
Other Of Absorbes		Million de Carlos de Carlo		Makes the contract of the last
eave of Absence Begin Leave _ Educational Short-Term Disability	☐ Personal		Family/Medical Leave	C (Including Pregnancy)
eparation Separation Date Voluntary Separation ection of COBRA Yes yes, describe type of coverage ele	☐ No Start	ast Day Worked / / V Separation Notice Date of Coverage / /	Last Day Paid	/
lditional Comments				
mployee Signature (Optional)	•			Date//
mployee Signature (Optional) ipervisor/Designated Manager Signa	4	yane and fitte		



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Please Print					
Routing A Payroll					
Effective Date of Change	1011 12018			-	
Employee Name Sn				☐ Separation	
Social Security #	it	First			die
College of the State Car Car	Free Contraction of the Contraction	_ Employee/Pa	yroll #	Dept. <u> </u>	Public Tronsportation
Address					
Telephone # _()	Street	-	City		State ZIP Code
	art-Time Full-Ti	-	Date of Birth (fo	or administrative	e use only)/
Job Title	are-time rull-11	me Temporary	☐ Part-Time Ter	nporary 🔲 (Other
		☐ Exempt	☐ Non-Exempt	☐ Hourly	W-4 Attached? Yes
Change(s) for Current	Employee	A. C.		F 47 87 28 8	150 Table 1 and the same of
Type ☐ Address Change	From		То	Your Relates	Comments
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Department					The second secon
1 401(k)/403(b) Contribution					The second secon
Insurance Eligibility					
☐ Job Title					
Change of Insurance					
Layoff				1.5	
Length of Service Increase				19	
Merit Increase					
End of Introductory Period					
Promotion					
Reevaluation of Current Job					
Resignation					
Retirement					
∑ Salary/Wage	9.14		0.60		
Separation	1.17		9.41		3% raise by Comm
Shift Change					FY 18/19
Transfer					
Union Scale					
Other					
eave of Absence Begin Leave	/	from Leave /		The state of the s	
Educational	☐ Personal			:1-/\1.1: 11	
Short-Term Disability	☐ Long-Term I	Disability		iny/Medical Leav	/e (Including Pregnancy)
Voluntary Separation Date	/ /				, containing , regrainey)
voluntary Separation	Involuntary C	Day Worked		ast Day Paid	
ection of COBRA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Involuntary S ☐ No Start Da	eparation	Notice of	COBRA Rights	Provided on//
ves, describe type of coverage elect	ted:	ite of Coverage	/ /		
ditional Comments	CHECK COMMITTEE	Statement with the second seco			
nployee Signature (Optional)					
pervisor/Designated Manager Signatu	A 4 . 1	Name and Title	/		Date//
man Resources/Payroll Manager Sign	ie suagu H	· Monom			Date 10/01/18
	ature	Name and Title			



Payroll/Status Cha	inge Notice		
Effective Date of Change Vode Employee Name	1 12018 Laur	New Hire 🛛 C	hange Separation
Social Security #		e/Payroll # <u>67</u> D	
Address		ary Part-Time Temporary	istrative use only)/ / Other Durly W-4 Attached?
Change (s) for Current Em Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale	Il90.08	1225.78	3% raise by Comm
Other	ACCORDING TO THE CONTRACT OF T	The state of the s	



Employee Signature (Optional)_

Supervisor/Designated Manager Signature Budget

Human Resources/Payroll Manager Signature _

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M Payroll Routing Effective Date of Change 12018 ☐ New Flire M Change ☐ Separation Employee Name Social Security # Address Telephone # (Date of Birth (for administrative use only) Status: Full-Time ☐ Part-Time ☐ Full-Time Temporary Part-Time Temporary Other ☐ Exempt Non-Exempt Hourly W-4 Attached? Yes Change(s) for Current Employee Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Length of Service Increase Merit Increase End of Introductory Period 1 Promotion Reevaluation of Current Job Rehire Resignation Retirement X Salary/Wage 1190.08 1225.78 390 raise by Comm ☐ Separation Shift Change Transfer Union Scale ☐ Other Leave of Absence ☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy) ☐ Short-Term Disability ☐ Long-Term Disability ☐ Other Separation 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) pervisor/Designated Manager Signature Budox Date 10/0// Human Resources/Payroll Manager Signature



Routing				
Effective Date of Change 10/ Employee Name		□ New Hire Edward	☑ Change	☐ Separation
Social Security #		Employee/Payroll # 7	Dept. N	atrition
Address	reet			
Telephone # ()	reet	Date of Bir	th (for administrative t	State ZIP Code
Status: Full-Time Part-	Time Full-7			her
ob Title				W-4 Attached? Yes No
Change(s) for Current Employee		3 7.	96 S	Comments Comments Comments Comments
Transfer Union Scale				
Other			8.1	
Educational Short-Term Disability Paration Separation Date Voluntary Separation Separation Yes [Personal Long-Tern Involuntar	n Disability [Last Day Worked / / ry Separation No	Last Day Paid tice of COBRA Rights	//_ Provided on//
es, describe type of coverage elected ditional Comments	ed:			
nployee Signature (Optional) pervisor/Designated Manager Signatur man Resources/Payroll Manager Signa	e Budget	Name and Title Name and Title		Date / / / Date 10/01/18



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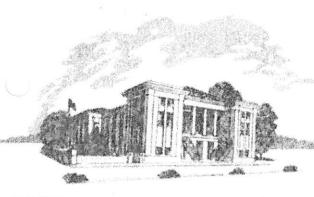
lease Print				
Routing Payroll	П			
Effective Date of Change	0// /Z018 dkins	New Hire	MChange	Separation
Social Security #		first	Middle	1 1
		Employee/Payroll #_ 80	Dept. //u	trition
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Coosa County Commission

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 4
PAUL PERRETT

DISTRICT 3
UNZELL KELLEY

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,

Budget H. Grahom

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 $2^{\rm ND}$ 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 $14^{\rm th}$ 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

Cost to County If Cost is Covered

BC/BS Rate Incuase Effective 1-1-18 (Bigin pont)

charged to 7 cent fund #6,680

to Gen Lund 13,980

*20,66000

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY BERTHA K. MCELRATH THE APPROVAL TO PARTICIPATE IN THE 2019 SEVERE WEATHER PREPAREDNESS TAX HOLIDAY.

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, <u>Code of Alabama 1975</u>, § 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 <u>Code of Alabama 1975</u>;§ 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 14th day of November, 2018.

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)	
)	EMPLOYMENT CONTRACT
COUNTY OF COOSA)	

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.
- 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 setforth 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: Jodd Adem
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 REGARDINGFLOODING 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.

Dadd Ada Buffack McElyath
VICE CHAIRMAN, BERTHA K. MCELRATH

UNZELL KELLEY

RONNIE LOWERS

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