AGENDA

COOSA COUNTY COMMISSION October 11, 2016 9:30 AM

WELCOME TO REGULAR MEETING @ 9:30 AM

PUBLIC COMMENTS: (1) Denise Walls. – Lake Martin Area Economic Development Alliance – Consultant Fees Paid and Results (2) Amanda Robinson – Addressing supplementing Corrections Officers/ Dispatch pay based on available funding (possible add to agenda item) and request regarding Dispatchers and Corrections Officers duties. (3) Scott White – Accurate Dispatching of Emergency Personnel

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, 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) Approval to participate in the 2017 Severe Weather Preparedness Tax Holiday weekend (Feb 24 thru Feb 26, 2017) Chairman Adams
- (2) Approval of E911 Appointment Schedule- Chairman Adams
- (3) Approval to sell Sheriff Asset #400061, Decal 290, 2001 F150 on Gov.deals.. Chief Davidson
- (4) Approval to advertise Rockford Senior Center Kitchen helper position and set interviews immediately after the November 8 commission meeting. Chairman Adams
- (5) Approval/Resolution to Support Proposed Constitutional Amendment 14 Chairman Adams
- (6) Approval for declare Revenue Commission Asset #700065 (Dell Precision 690 Mini Tower and Asset # 400257, ID#8066652, Sharp Adding Machine obsolete and dispose of both Revenue Commission Lamberth.
- (7) LMAEDA Appointment Recension Commissioner Unzell Kelley
- (8) LMAEDA Board Appointment Commissioner Unzell Kelley

(9) Approval/Disapproval to cover increased insurance premium increase for LGHIB health insurance effective December 1. – Chairman Adams.

AGENDA Page 2

OLD BUSINESS

(1) Proposed Coosa County Funeral Leave Policy (tabled from Sept..2016 meeting) – Administrator Graham

STAFF REPORTS

<u>Administrator:</u> Approved Budget Packages and General Fund Summary Financial Statement (to be distributed prior to meeting), LGHIP and ACA presentation planned for November Commission Meeting.

Engineer:

Attorney

EMA

Courthouse Maintenance

Nutrition

Safety Coordinator

DISCUSSION ITEMS BY COMMISSIONERS

MOTION TO ADJOURN

Routing N Payroll Change Effective Date of Change 10/1 /16 ☐ New Hire ☐ Separation Employee Name Self Social Security #___ Employee/Payroll #_ Address Telephone # () Date of Birth (for administrative use only) Status: Full-Time Part-Time Full-Time Temporary ☐ Part-Time Temporary Job Title Foreman ☐ Exempt ☐ Non-Exempt M Hourly W-4 Attached? Yes No Change(s) for Current Employee Type Comments 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 1591 Salary/Wage 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 Start Date of Coverage _ ☐ No If yes, describe type of coverage elected: Additional Comments Approved by Commission 9/27/16 Budget Hearing Approved Employee Signature (Optional)



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Supervisor/Designated Manager Signature

Human Resources/Payroll Manager Signature

Please Print			
Routing Payroll		П	
Effective Date of Change 0 /	1 /16 DN		
Employee Name Kelly	Cherles	ew Hire	ge Separation
Social Security #	First Employee/Pa		Middle 7
	Employee/Pa	ayroll # Dept.	Koad
Address			
Telephone # _()		City	State ZIP Code
Status: Full-Time Part-T.	ime Full-Time Temporary	Date of Birth (for administrat	
Job Title	Exempt		Other
The state of the s		☐ Non-Exempt ☐ Hourly	W-4 Attached? ☐ Yes ☐ No
Change(s) for Current Emp Type			
Address Change	From	To	Comments
Demotion			20年1月2日 1月1日
Department Department			
401(k)/403(b) Contribution	-		
Insurance Eligibility			197
☐ Job Title			
Change of Insurance			Control of the second
Layoff -			
Length of Service Increase Merit Increase			The second secon
End of Introductory Period			
2 Promotion			The state of the s
Reevaluation of Current Job			125 The state of t
Rehire			
Resignation			
Retirement			
Salary/Wage	1252	1522	50¢ ph
Separation Shift Change	***		
Transfer			1000 1000 1000 1000 PT 1000
Union Scale			
Other			
eave of Absence Begin Leave /	/ /		
Educational	Return from Leave Personal	//	
Short-Term Disability	☐ Long-Term Disability	☐ Family/Medical I	Leave (Including Pregnancy)
·	Long-Term Disability	Other	
eparation Separation Date/	Last Day Worked	Last Day Paid	/ /
Voluntary Separation	☐ Involuntary Separation	Notice of COBRA Ris	ghts Provided on/_/
ection of COBRA Yes Y	No Start Date of Coverage		
yes, describe type of coverage elected:			
dditional Comments Apple	oved by Commission	a 9/27/16 Budget	Heavent doorsel
- 11		- anagai	marry oppose
mployee Signature (Optional)			D / /
pervisor/Designated Manager Signature	Name and Ti	tle	Date/
	Name and Tit	te	Date//
uman Resources/Payroll Manager Signatur	°CName and Tit	ie .	Date/ /



Routing Payroll Effective Date of Change /0/1 /14 ☐ New Hire **X**Change ☐ Separation Employee Name Bullard James Social Security #_ Employee/Payroll #_ Dept._ Address Telephone # () Date of Birth (for administrative use only) Status: Full-Time Part-Time Full-Time Temporary ☐ Part-Time Temporary Job Title Manager - Bridge DExempt W-4 Attached? Yes No Change(s) for Current Employee Type From Comments 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 14.00 1450 Salary/Wage 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 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 Approved by Commission 9/27/16 - Budget George Approve Employee Signature (Optional)___ Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature _____



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Payroll/Status Change Notice

Please Print		100		
outing D Payroll		П		
Effective Date of Change 10/1	//G □N	ew Hire	Ճ Change	Пс.
Employee Name Ezekie		nothy	△ Change	☐ Separation
Social Security #	11135	FIRST		Road
September 1	Employee/Pa	ayroli #	Dept	Loag
Address				
Telephone # _()		City	1	State ZIP Code
Status: VI Full-Time Part-Time				use only)/
Job Title				
		□ Non-Exempt	K I Hourly	W-4 Attached? ☐ Yes ☐ No
Change(s) for Current Emplo				
Туре	From	То		Comments
Address Change				
Demotion				
Department				
401(k)/403(b) Contribution Insurance Eligibility				
Job Title				Land to the second of the second
Change of Insurance	•			发展的图像
Layoff				
Length of Service Increase				经企业 企业工作。
Merit Increase				
End of Introductory Period				RECOMPLETE STATE
Promotion				
Reevaluation of Current Job				
Rehire				2.19.10000000000000000000000000000000000
Resignation				
Retirement				
Salary/Wage	1133	1183		50+ ph raise
Separation	* '			
Shift Change				
Transfer				
Union Scale Other				
11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	,			
Leave of Absence Begin Leave/	Return from Leave			
The state of the s	Personal			ave (Including Pregnancy)
☐ Short-Term Disability	☐ Long-Term Disability	☐ Ot	her	
Separation Separation Date/	Last Day Worked	/ /	Last Day Paid	/ /
	☐ Involuntary Separation	Notice o		ts Provided on/_/
Election of COBRA Yes No			. CODICTIGE	its Hovided on
f yes, describe type of coverage elected: _			·	
	d by Commusser	9/2/16	111	
The state of the s	a of annument	11416	Daugut &	Hary Approved
Employee Signature of the				
Employee Signature (Optional)	Name and	1 Title		Date//
pervisor/Designated Manager Signature	Name and	1 Title		Date/
Human Resources/Payroll Manager Signature				Date / /



©2013 ComplyRight

A Payroll Routing Effective Date of Change 10/1 /16 ☐ New Hire Change ☐ Separation Terry Employee Name Dennis Employee/Payroll #_ Social Security # Address Telephone # _(___) Date of Birth (for administrative use only) ____ Status: N Full-Time Part-Time Full-Time Temporary Other_ ☐ Part-Time Temporary Job Title Land GII ☐ Exempt ☐ Non-Exempt W-4 Attached? Yes No Change(s) for Current Employee To Comments Type From 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_ Leave of Absence Return from Leave ☐ Educational ☐ Personal Family/Medical Leave (Including Pregnancy) ☐ Long-Term Disability Other _ ☐ Short-Term Disability Separation Separation Date Last Day Paid ___ Notice of COBRA Rights Provided on ____ ☐ Involuntary Separation ☐ Voluntary Separation Election of COBRA Yes ☐ No Start Date of Coverage _ If yes, describe type of coverage elected: Approval by Commission 9/27/14 - Budgut Harner Approx Additional Comments ___ Employee Signature (Optional) ___ Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature ___



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Payroll/Status Change Notice

Routing Payroll				
Effective Date of Change 16/1/14 Employee Name Lobinson	□ New Terry		☑ Change	☐ Separation
Social Security #	First	roll #	Dept	Road.
AddressStreet				
Telephone # _() Status: Full-Time Part-Time Ful Job Title		☐ Part-Time Temp	orary DOt	state ZIP Code use only)/ her
Change(s) for Current Employee		A Property of the World Co.	SZI lourly	W-4 Attached? Yes No
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	7, <u>33</u>	//. <u>83</u>		Comments Sof phraise
Leave of Absence Begin Leave / / Educational Persona Short-Term Disability Long-To	erm Disability		ly/Medical Leave	
f yes, describe type of coverage elected:	atary Separation art Date of Coverage	Notice of (Provided on/_/
dditional Comments Approximal Do	y Conmission	- 9/27/14 d	Judget S	lang Approvel
Employee Signature (Optional)	Name and Title			Date//
Human Resources/Payroll Manager Signature				Date/



Routing Payroll Effective Date of Change 10/1/1 Employee Name Hordner		w Hire	⊠ Change	☐ Separation
Social Security #	rist	yroll #	Dept	C (
AddressStreet Telephone # _() Status: Full-Time Part-Time Job Title	☐ Full-Time Temporary ☐ Exempt	Part-Time Tem	porary 🗆	e use only) // / Other Yes No
Change(s) for Current Employee	From	To		Comments
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	825	8.50		zst ph raise
	/ Return from Leave Personal Long-Term Disability		amily/Medical l Other	Leave (Including Pregnancy)
Separation Separation Date // / Voluntary Separation Election of COBRA Yes No If yes, describe type of coverage elected:	Last Day Worked Involuntary Separation Start Date of Covera		Last Day Paid of COBRA Ri	ghts Provided on/_/
Additional Comments Approves	by Commission	i 9/27/16	Budget	Heavy
Employee Signature (Optional)	Name :	and Title		Date/
Supervisor/Designated Manager Signature	Name :	and Title		Date/ /



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

ATTORNEY

Name and Title

Couting Payroll				
F.65	//6 ON		40.	
Employee Name Daxley	Fine	ew Hire	Change	☐ Separation
Social Security #	First Employee/Pa		Middle Dept	Rond.
			Sept	7-00-0
Address				
Telephone # () Status: Full-Time Part-Time Job Title Change(s) for Current Emplo	Exempt	Date of Birth (for Part-Time Tem Non-Exempt	porary Dot	
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	From 1286	13.39		So ph raisy
eave of Absence Begin Leave /		//	nily/Medical Leave	C (Including Pregnancy)
yes, describe type of coverage elected:	☐ Involuntary Separation Start Date of Coverage	Notice of	ast Day Paid/ COBRA Rights	Provided on//
dditional Comments Approx	I by Commusse	si 9/27/14	Sudge	t Hearing Approval
Employee Signature (Optional)				Date / /
pervisor/Designated Manager Signature	Name and T	fitle		Date / /
Human Resources/Payroll Manager Signature _	Name and 1	itle		Date//
	Name and T	itle		Date//



Routing Payroll					
Effective Date of Change 10/	1 /16 DNe	ew Hire Cha	inge	Separation	
Employee Name Summers	ns Victor			Босрагастоп	
Social Security #			Middle Ot		
Reastly of participation (Constitution)					
AddressStreet		City	Stat	e	ZIP Code
Telephone # _()		Date of Birth (for adminis	trative use only	r)/	
Status: K Full-Time Part-Ti		☐ Part-Time Temporary	Other	The state of the s	
Job Title	Exempt	□ Non-Exempt	urly W-4 A	ttached? Yes	□No
Change(s) for Current Emp	oyee				5
Туре	From	То		Comments	
Address Change			Lev		
Demotion Department					
Department 401(k)/403(b) Contribution					
Insurance Eligibility				1.1	
☐ Job Title					100
Change of Insurance	•				
☐ Layoff					
☐ Length of Service Increase					14000
Merit Increase					
End of Introductory Period					
Promotion Reevaluation of Current Job					
Rehire				Contract of	
Resignation					
Retirement	127				
Salary/Wage	11.33	11.85	. 50	4 ph raisy	
Separation					
Shift Change					
Transfer	3,				
Union Scale					
Other	, , ,	- , 			
Leave of Absence Begin Leave	Return from Leave		-		
☐ Educational	☐ Personal		dical Leave (Inclu		
☐ Short-Term Disability	☐ Long-Term Disability	☐ Other			
Separation Separation Date/	Last Day Worked	Last Day P.	aid /	/	
☐ Voluntary Separation	☐ Involuntary Separation	Notice of COBI	RA Rights Prov	ided on/	/
	No Start Date of Covera	age//			
If yes, describe type of coverage elected	l:				
Additional Comments Appr	mul by Communs	uri 9/27/16 Bu	dget He	arie Appi	ovel
P. 1. 0.					
Employee Signature (Optional)	Name	and Title		Date /	
Supervisor/Designated Manager Signature		and Title		Date /	1
Human Resources/Payroll Manager Signa		and title		Date /	1



Payroll/Status Change Notice

Social Security # Employee/Payroll # Dept. Koal	Effective Date of Change /0 / 1 Employee Name Evons	TR Willion	ew Hire Do	Change ☐ Separation
Address Second Part-Time Full-Time Temporary Date of Birth (for administrative use only) / Status: Part-Time Part-Time Part-Time Temporary Date of Birth (for administrative use only) / Status: Part-Time Temporary Dother Date of Birth (for administrative use only) / Status: Part-Time Temporary Dother Date of Birth (for administrative use only) / Status: Part-Time Temporary Dother Date of Coverage Date of Dother Date	LdSL	First		
Telephone #				70,000
Date of Birth (for administrative use only) Status: Perplane Part-Time	Address			
Status: Status				
Change (s) for Current Employee To Comments		ne		
Change (s) for Current Employee Type From To Comments 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 Teave of Absence Educational Personal Union Scale Other Teave of Absence Feyn Length Separation Superation Involuntary Separation Notice of COBRA Rights Provided on Separation Comments Caparally Amazian Manager Stenature Date // Superation Superation Comments Caparally Amazian Date // Superation Superation Comments Date // Superation Date // Superatio				
Address Change Demotion Department Demotion D			□ Non-Exempt ×	iourly w-4 Attached? Li Yes Li
Address Change 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 Revaluation of Current Job Rehire Resignation Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Johner Union Scale Johner Tempth of Absence Begin Leave Jesus Involuntary Separation Short-Term Disability Paration Separation Separation Short-Term Disability Dong-Term Disa				
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 Resignation Shift Change I Transfer J Union Scale J Other Educational Personal		From	То	Comments
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 Revealuation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other Union Scale Other Last Day Worked Last Day Worked Last Day Worked Voluntary Separation Separatio				
401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Recvaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other ave of Absence Begin Lenve				
Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Revealuation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other Tother To				
Job Title Change of Insurance Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Revealuation of Current Job Rehire Resignation Retirement SalaryWage Separation Shift Change John Scale John John John John John John John John				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Revaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other Educational Short-Term Disability Paration Separation Short-Term Disability Dis				
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 Union Scale Union Scale Other Short-Term Disability Personal Short-Term Disability Diagnation Separation Separation Short-Term Disability Diagnation Separation Separation Start Date of Coverage Voluntary Separation Tino Cooking Start Date of Coverage Merit Increase Merit Incr	Change of Insurance			
Merit Increase End of Introductory Period Promotion Revaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other ave of Absence Begin Leave Personal Pother John John John John John John John John	Layoff			
End of Introductory Period Promotion Revaluation of Current Job Rehire Resignation Revaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Union Scale Union Scale Union Scale Dither Transfer Union Scale Dither Transfer Union Scale Dither Transfer Union Scale Dither Transfer Disability Dother Transfer Dotate Dither Disability Dother Disability Dother Disability Dither Ditate			347	
Promotion Revaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other ave of Absence Begin Leave Personal Potter Disability Other Jast Day Worked Voluntary Separation Voluntary Separation Tition of COBRA Personal Potter Pot				
Revaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other Educational Short-Term Disability Personal Short-Term Disability Disability Voluntary Separation Involuntary Separation Start Date of COBRA Rights Provided on Ses, describe type of coverage elected: ditional Comments Caparatic Name and Title Name and Title Pare / / Pare / / Name and Title				
Retirement Salary/Wage Separation Shift Change Transfer Union Scale Other Educational Short-Term Disability Paration Separation Describe type of coverage elected: Comments Comments				
Resignation Retirement Salary/Wage Separation Shift Change Stransfer Union Scale Other Educational Short-Term Disability Separation Separation Separation Separation Separation Separation Short-Term Disability Separation				
Retirement Salary/Wage Separation Shift Change Transfer Union Scale Cother Begin Leave I Date I Last Day Worked Voluntary Separation Sparation Separation Separat	91			
Salary/Wage Separation Shift Change Transfer Union Scale Other Educational Short-Term Disability Separation Short-Term Disability Separation Se	GAN .			
Separation Shift Change		1/03	1153	50 to house
Transfer Union Scale Other Description Date				
Union Scale Other Other	Shift Change			
Other	Transfer			
Educational Personal Family/Medical Leave (Including Pregnancy) Short-Term Disability Long-Term Disability Other Paration Separation Date Last Day Worked Last Day Paid // Voluntary Separation Involuntary Separation Notice of COBRA Rights Provided on // ction of COBRA Yes No Start Date of Coverage // res, describe type of coverage elected: ditional Comments Coppurate by Comments 1/27/14 Bulget Harry Separation papervisor/Designature (Optional) Date // Pervisor/Designated Manager Signature Date // Page	50			
Family/Medical Leave (Including Pregnancy) Short-Term Disability	Other			
Short-Term Disability	ave of Absence Begin Leave/	Return from Leave		
Short-Term Disability	Educational	☐ Personal	☐ Family/N	Medical Leave (Including Pregnancy)
Voluntary Separation Involuntary Separation Notice of COBRA Rights Provided on / / / / / / / / / / / / No Start Date of Coverage / / / / / / / / / / / / / / / / / /	Short-Term Disability	☐ Long-Term Disability		
Voluntary Separation Involuntary Separation Notice of COBRA Rights Provided on / / / / / / / / / / / / No Start Date of Coverage / / / / / / / / / / / No Start Date of Coverage / / / / / / / / / / / / / / / / / /	naration (/	1 1	
ction of COBRA Yes No Start Date of Coverage // res, describe type of coverage elected: ditional Comments Coppuned by Comments 9/27/14 Budget Harry Approve apployee Signature (Optional) Name and Title Page //	Voluntary Separation			
ditional Comments Coppunul by Comments 9/27/14 Bulget Having Approve aployee Signature (Optional) Name and Title Page / /				SKA Rights Provided on//
ditional Comments (appenul by Consums 9/27/14 Brilget Having Approve nployee Signature (Optional) Name and Title Date / /		No Start Date of Coverage	ge	
nployee Signature (Optional)	7		. 01 1	
nployee Signature (Optional)	ditional Comments (Copie	mul by Comen	rson 9/27/14	Bright flaving spain
pervisor/Designated Manager Signature Name and Title Date / /	-,,	•		
pervisor/Designated Manager Signature Name and Title Date / /	nplovee Signature (Ontional)			D / /
pervisor/Designated Manager Signature Date			d Title	Date /
	pervisor/Designated Manager Signature	Name an	d Title	Date//
man Resources/Payroll Manager Signature Date/		Name an	1 intie	The state of the s



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Payroll/Status Change Notice M Payroll Routing Effective Date of Change 10/1/16
Employee Name Duffway Change ☐ New Hire ☐ Separation Employee/Payroll #_ Dept. Social Security #___ Address Date of Birth (for administrative use only) Telephone # (____) ☐ Part-Time ☐ Full-Time Temporary Status: X Full-Time ☐ Part-Time Temporary Other_ ☐ Exempt ☐ Non-Exempt W-4 Attached? Yes Job Title_ Change(s) for Current Employee From 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_ Leave of Absence Return from Leave Family/Medical Leave (Including Pregnancy) ☐ Personal ☐ Educational ☐ Short-Term Disability ☐ Long-Term Disability Last Day Paid Separation Separation Date Last Day Worked Notice of COBRA Rights Provided on _ ☐ Voluntary Separation ☐ Involuntary Separation Election of COBRA ☐ No Start Date of Coverage _ ☐ Yes If yes, describe type of coverage elected: promul by Commission 9/27/14 Budget State Sporo Additional Comments

Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature ___

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Employee Signature (Optional)_

Payroll/Status Change Notice

Routing Payroll				
Effective Date of Change 16/ Employee Name 14(g/hb)	1/16 DN	ew Hire	Change	Separation
Social Security #	rirst	yroll #	Dept	Pard.
Address		January Company		
Telephone #	ime	Date of Birth (for adn Part-Time Tempora Non-Exempt To	ministrative use on ary Other_ Hourly W-4	
1 Other				
eave of Absence Begin Leave/ Educational Short-Term Disability eparation Separation Date/	Return from Leave Personal Long-Term Disability Last Day Worked	Other _		ing Pregnancy)
Voluntary Separation ection of COBRA Yes yes, describe type of coverage elected:	☐ Involuntary Separation No Start Date of Coverage	Notice of CO	y Paid/ BRA Rights Provid	/
dditional Comments Appl	mul by Commer.	ux 9/27/4	Budget	Heaving Sppiore
mployee Signature (Optional)				Date / /
pervisor/Designated Manager Signature	Name and Ti			Date / /
uman Resources/Payroll Manager Signatur		cle		Date / /
John Manager Orginatur	Name and Tit	le		Date/



Routing ☑ Payroll 10/1/16 Change Effective Date of Change ☐ New Hire ☐ Separation Employee Name Social Security # Employee/Payroll # Address Telephone # () Date of Birth (for administrative use only) ☐ Part-Time ☐ Full-Time Temporary Full-Time ☐ Part-Time Temporary Other Job Title Clurk ☐ Exempt ☐ Non-Exempt W-4 Attached? Yes Change(s) for Current Employee From Comments 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 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 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 Sppracul by Commission Employee Signature (Optional)_ Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature _



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use of 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.

Payroll/Status Change Notice

Employee Name		Change	☐ Separation
mployee Name /// 00 97 // regor ocial Security # Employee/Payroll #_		Midd	ne Pond
Address			
Telephone # ()	ull-Time Temporary Par		suse only) / / Other Yes No
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	From Prom	To	Comments 50% on large
Other ave of Absence Begin Leave / / Educational Person Short-Term Disability Long-	Return from Leave // / nal Term Disability	Family/Medical Lea	.VC (Including Pregnancy)
Voluntary Separation	Last Day Worked/ Intary Separation Start Date of Coverage/	Last Day Paid	s Provided on/_/
ployee Signature (Optional)		- Chyl	Date/ /
ervisor/Designated Manager Signature	Name and Title		



©2013 ComplyRight

Routing Payroll				
Effective Date of Change			Change	☐ Separation
Employee Name	the mich	and	Middle	
Social Security #	Employee/Pa	yroll #	Dept.	Road.
Address				a Carlo de la c
Telephone # _()	Street	City		State ZIP Code
	t-Time			use only)/
Job Title		Part-Time Tempo	rary 🔲 U	ther
	and the state of t	□ Non-Exempt	Hourly	W-4 Attached? ☐ Yes ☐ No
Change(s) for Current E	The second of the land of the second of the			
Type	From	To		Comments
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			Y.	
Reevaluation of Current Job			E S	
Rehire		*		
Resignation				
Retirement	<u> </u>			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Salary/Wage	102	1071	<u> </u>	# 1
Separation Shift Change	105	10 =		50tph raise
Transfer	7			
Union Scale		****	- E	
Other				100 may 1 mg 1 m
Leave of Absence Begin Leave	/ / Return from Leave	/ /	Pr-	
☐ Educational	☐ Personal	☐ Fam	ilv/Medical Le	ave (Including Pregnancy)
☐ Short-Term Disability	☐ Long-Term Disability			
Sanaration				
Separation Separation Date ☐ Voluntary Separation			ast Day Paid	The state of the s
Election of COBRA Yes	☐ Involuntary Separation☐ No Start Date of Covera		COBRA Righ	nts Provided on/_/
If yes, describe type of coverage ele		.ge//		
		0/- /	1	7 7/
Additional Comments (4)	ppromise by Comunss.	cm. 9127/16	Budge	it Mary Approval
Employee Signature (Optional)				Date//
Supervisor/Designated Manager Sign		and Title		
	Name a	and Title		Date/_/
Human Resources/Payroll Manager S	olgnature	and Title		Date/



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

ATTORNEY

outing Payroll		П		
Effective Date of Change 10/1	//16 DN	ew Hire	Change	Separation
Employee Name William	us Ot	-is		
Social Security #	PIST	ayroll #		dle Road
			_ Dept	
Address				
Telephone # _() Status: Full-Time Part-Time				state ZIP Code use only)/
Job Title Laborer	1 /			Other
	Exempt	☐ Non-Exempt	M Hourly	W-4 Attached? ☐ Yes ☐ No
Change(s) for Current Emp				
Type Address Change	From	To		Comments
Demotion	-			
Department				(care)
401(k)/403(b) Contribution	*			
Insurance Eligibility				
☐ Job Title			-	
Change of Insurance				
Layoff -				Company of the second second second
Length of Service Increase				用题的一种主要的性性的
Merit Increase				
End of Introductory Period				
Promotion				
Reevaluation of Current Job				
Rehire	-			
Resignation				
Retirement	0.00			
Salary/Wage	9.99	10 24	5	25¢ ph raise
Separation				
Shift Change				
Transfer	*			
Union Scale				A CONTRACTOR OF THE STATE OF TH
Other				
eave of Absence Begin Leave	/ Return from Leave	/ /		20 CONTRACTOR (1987)
I Educational	☐ Personal	☐ Fam	ilv/Medical Le	eave (Including Pregnancy)
Short-Term Disability	☐ Long-Term Disability	☐ Oth		(and any regiminey)
eparation Separation Date/	1	, ,		
Voluntary Separation			ast Day Paid	
	☐ Involuntary Separation	Notice of	COBRA Rigl	nts Provided on//
lection of COBRA Yes		ge/		
yes, describe type of coverage elected:				
dditional Comments App	roved by Commissi	on 9127/16	- Budge	Hearing Approval
Employee Signature (Optional)				D / /
	Name and	Title		Date/
pervisor/Designated Manager Signature	Name and	Title		Date//
Human Resources/Payroll Manager Signatu				Date/ /
	Name and	Tial -		



©2013 ComplyRight

Payroll Routing Change Effective Date of Change 16 / 1 /14 □ New Hire ☐ Separation Employee Name ______ Tackson Employee/Payroll # Social 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 W-4 Attached? ☐ Yes ☐ No Change(s) for Current Employee Type From Comments 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 Leave of Absence Return from Leave ☐ Educational ☐ Personal Family/Medical Leave (Including Pregnancy) Other_ ☐ Short-Term Disability ☐ Long-Term Disability Separation Separation Date Last Day Paid ___ Last Day Worked ☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on _ Start Date of Coverage _ Election of COBRA ☐ No ☐ Yes If yes, describe type of coverage elected: Exproned by Commission 9/27/14 Brilget Additional Comments 1 Employee Signature (Optional) ___ Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use of 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Three easy ways to reorder: gneil.com • hrdirect.com • 800-999-9111

Routing A Payroll			
Effective Date of Change 10 Employee Name Brow Last	n, william	New Hire A Chang	Separation
Social Security #	First Employee/P		Maint.
Address	THE PARTY OF THE PARTY OF THE PARTY OF		77136477
	Street	City	State 770 C-4-
Telephone #() Status: M Full-Time Par	t-Time Full-Time Temporary	Date of Birth (for administrat	ive use only)/
Job Title Maint. Superv	remporary		Other
		☐ Non-Exempt ☑ Hourly	W-4 Attached? ☐ Yes ☐ N
Change(s) for Current E	mployee		ART AND ARTHUR STATE OF THE STA
Туре	From	To To	Comments
Address Change			Comments
Demotion	-		
L. Department			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
401(k)/403(b) Contribution			
Insurance Eligibility			
Job Title			
Change of Insurance			
Layoff			
Length of Service Increase			
Merit Increase			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
End of Introductory Period			
Promotion			
Reevaluation of Current Job			
I Rehire			
Resignation			
Retirement	7/		The second second
Salary/Wage	1553	1, 03	
Separation		1603	504 phraise
Shift Change			
Transfer			
Union Scale		of was as well as	
3-57			A THE PARTY OF THE PARTY OF THE
Other			
eave of Absence Begin Leave	/ Return from Leave_	/ /	
Educational	☐ Personal	Family/Madical	
Short-Term Disability	☐ Long-Term Disability	☐ Family/Medical 1	Leave (Including Pregnancy)
paration Separation Date	Last Day Worked	Last Day Paid	/ /
voluntary Separation	☐ Involuntary Separation	Notice of COBRA Rig	chte Dravid - 1
ection of COBRA Yes	☐ No Start Date of Coverage	e / /	gnis Provided on//
ves, describe type of coverage elect	red:	West Construction of the C	
U::: 10 A	proved by Commissix		
iditional Comments 1499	roved by Commissix	9/27/16 - Budget H	eating day and
	***		12000
nplovee Signature (2.1.		With the wife week persons are	W 1984 A 1994 W
	Name and ¹	Title	Date//
pervisor/Designated Manager Signatu	re		
	Mama and 1	Title	Date/
man Resources/Payroll Manager Sign	Name and 1	fitle	Date//



©2013 ComplyRight

☑ Payroll Routing Effective Date of Change ☐ New Hire Change ☐ Separation Employee Name Social Security #_ Employee/Payroll # Address _ Telephone # () Date of Birth (for administrative use only) Status: Full-Time Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary Other Job Title Laborar ☐ Exempt ☐ Non-Exempt W-4 Attached? Yes No Change(s) for Current Employee Type From 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 X Salary/Wage Separation Shift Change Transfer Union Scale Other Leave of Absence Return from Leave ☐ Educational ☐ Personal Family/Medical Leave (Including Pregnancy) ☐ Short-Term Disability ☐ Other _ ☐ Long-Term Disability 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 Sprenal by Commission 9/27/14 Budget Employee Signature (Optional)_ Supervisor/Designated Manager Signature _ Human Resources/Payroll Manager Signature ___



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Payroll/Status Change Notice

Effective Date of Change /0/ 1 Employee Name	116 DN Agatha	ew Hire	Change	☐ Separation
Social Security #		ayroll #	Dept	onunissi or
Address				
Telephone # _() Status: No Full-Time Part-Time Job Title A R	Exempt	Date of Birth Part-Time Non-Exem	Temporary Dt	se only) / / ZIP Code her
Change(s) for Current Employ Type Address Change	ee From		Го	Comments
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	11.71	1204		3. Yo raise
	Personal Long-Term Disability		Family/Medical Leave	
ection of COBRA	Involuntary Separation Start Date of Coverag	e//		Provided on/_/
Iditional Comments Approve	ed by Commission	- 9/27/14	-Budgut He	carrity Approval
nployee Signature (Optional) pervisor/Designated Manager Signature	Name and			Date / /
ıman Resources/Payroll Manager Signature _	Name and			Date/ /



This product is designed to provide accurate and authoritative information. However, it is not 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. Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Payroll/Status Change Notice Payroll Routing

Employee Name Wooten Elda Mae	
Employee Name Wooten Elda Mae Social Security # Employee/Payroll # Dept. Maint.	
Address	PW.
Telephone # () Date of Birth (for administrative use only) / /	Code
Status:	10.00
Job Title Custodion DExempt Non-Exempt WHourly W-4 Attached? Yes	ПМо
Change(s) for Current Employee Type From To Comments	See Action
Address Change	1.05
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 8 45 0h. 8 70 0h. Z54 0h raisy	
Separation	
Shift Change	
Transfer Union Scale	
Other	
Leave of Absence Begin Leave	
☐ Short-Term Disability ☐ Long-Term Disability ☐ Other	
Short-1ctili Disability	
Separation Separation Date/ Last Day Worked/ Last Day Paid/	
☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on/_	
Election of COBRA	
If yes, describe type of coverage elected:	
Additional Comments Approved by Commission - 9/27/16 - Budget Hearny Spouval	- 1
Employee Signature (Optional) Date/	
Supervisor/Designated Manager Signature Date /	
Human Resources/Payroll Manager Signature Date	



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Couting A Payroll		П		
Effective Date of Change 10/1	/16	New Hire	Change	
Employee Name Stroud		aggie	Change	Separation
Social Security #	- 111	/Payroll #	Middle Dept.	Probate
Address				274 CH (1984 A S. 48 (1984 CH)
Street		City		State 778 Fodo
Telephone #	Full-Time Temporar	Date of Birth (for y Part-Time Tell Non-Exempt	mporary 🔲 O	use only) / / ZIP Code ther
Туре	e From	To		135557777
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 Other	3 1027	11.62		75+ oh raise.
Leave of Absence Begin Leave /	/ Return from Leave Personal		mily/Modical I	
7 61	Long-Term Disability	☐ Ot	mily/Medical Leav ther	C (Including Pregnancy)
eparation Separation Date // Voluntary Separation lection of COBRA Yes No Syes, describe type of coverage elected: dditional Comments Approves	Involuntary Separation Start Date of Cover	Notice o	Last Day Paid f COBRA Rights 	/ / Provided on/ /
Comments Athresis	A NA COMMISSO	~ 7167116 -1	Dudget He	arty sproval
mployee Signature (Optional)		and Title		
pervisor/Designated Manager Signature	Name :	and Title		Date / /
Iuman Resources/Payroll Manager Signature		nd Title		Date//



Routing 2 Payroll 10/1/16 Effective Date of Change Change ☐ New Hire ☐ Separation Employee Name _____ Morton Commission Employee/Payroll #____ Social Security #_ Address Telephone # () Date of Birth (for administrative use only) Status: Full-Time Part-Time Full-Time Temporary ☐ Part-Time Temporary Other Job Title AIP Payroll ☐ Exempt ☐ Non-Exempt W-4 Attached? Yes No Change(s) for Current Employee Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Lavoff Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement 12,71 Salary/Wage 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 _ Last Day Paid __ ☐ Involuntary Separation ☐ Voluntary 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 Approved by Commission 9/27/14 - Budget Hearing &pprova Employee Signature (Optional)_ Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

ITORNE

Payroll/Status Change Notice

Please Print			
outing Payroll			
Effective Date of Change	0/ / ///		
Employee Name	LINE Transfer	ew Hire Change	□ Separation
- RAUSE	SCORCO / IMO	Thy	Middle
Social Security #	Employee/Pa		
Contract to the contract of th			
Address	Street		
Telephone # ()	Street	Date of Birth (for administrati	State ZIP Code
Status: Full-Time Pa	urt-Time		Other
Job Title	Exempt	Non-Exempt Hourly	
Change (a) for C		LI Non-Exempt A Flourly	W-4 Attached? ☐ Yes ☐ No
Change(s) for Current			THE PROPERTY OF STREET
Type Address Change	From	То	Comments
Demotion			。一种,在1000年间,1000年
Department			
401(k)/403(b) Contribution			
Insurance Eligibility			
☐ Job Title			
Change of Insurance			
Layoff			
Length of Service Increase	<u> </u>		
Merit Increase			
End of Introductory Period			A STATE OF THE STA
Promotion			
Reevaluation of Current Job	-		
Rehire			SCHOOL STATE
Resignation			en e
Retirement	1328	1248	
X Salary/Wage ☐ Separation	10-	15 10	20 PON VOISY
Shift Change			
Transfer			
Union Scale			B. (254)
Other			
Leave of Absence Begin Leave	/ / 2::::	/ /	
Educational	Personal		
☐ Short-Term Disability	☐ Long-Term Disability	☐ Family/Medical I	_eave (Including Pregnancy)
	Long-Term Disability	Other	
Separation Separation Date	Last Day Worked	Last Day Paid	/ /
☐ Voluntary Separation	☐ Involuntary Separation		ghts Provided on//
Election of COBRA Yes	☐ No Start Date of Coverage	=	
f yes, describe type of coverage ele	ected:		
Additional Comments Au	proved by Commission	9/27/16 Budget	Meridia
	- Townson	11-1110 phoise	ordery approval
F 1 C:			•
Employee Signature (Optional)	Name and T	itla	Date/ /
pervisor/Designated Manager Signa	nture		
	Name and T	itte	Date/
Human Resources/Payroll Manager Si	gnature		Date / /



©2013 ComplyRight

Please Print

Please Print

Routing Payroll]		
Effective Date of Change 10/1		w Hire Change	Separation
Employee Name Block	er Shei	la	idle
Social Security #	Employee/Pa		
Address			
Street		City C I	State ZIP Code
Telephone # () Status:		Date of Birth (for administrativ	
		☐ Part-Time Temporary ☐	
, , ,	Exempt	□ Non-Exempt ☐ Hourly	W-4 Attached? Yes No
Change(s) for Current Emp			
Type	From	To	Comments
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	1058	11.33	75¢ phraise
☐ Separation			
Shift Change			
Transfer	*,		
☐ Union Scale	*		
① 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 Paid	1 1
Voluntary Separation	☐ Involuntary Separation		ights Provided on/_/
	No Start Date of Covera		ights Flovided on//
		age/	
If yes, describe type of coverage electe			1
Additional Comments Appr	oved by Commission	- Marlie - Budgut	Hearty spororal
Employee Signature (askin-1)			Data / /
Employee Signature (Optional)		and Title	Date//
Supervisor/Designated Manager Signatur	eName	and Title	Date/
Human Resources/Payroll Manager Signs	atureName	and Title	Date/



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Three easy ways to reorder: gneil.com • hrdirect.com • 800-999-9111

Payroll/Status Change Notice

outing Payroll Effective Date of Change	0/1/16	□New Hire	e Separation
Employee Name Da	vidson Josey	nh	
Social Security #	11136	Payroll # Dept	Middle 50
Address			
Telephone # _() Status: Full-Time Pa Job Title	rt-Time	Date of Birth (for administrative Part-Time Temporary	Other
Change (s) for Current I Type Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Length of Service Increase Merit Increase Find of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale	From /ase	/7ºº	Comments Sof ph raise
☐ Other Leave of Absence Begin Leave _ ☐ Educational ☐ Short-Term Disability	Personal Long-Term Disability	/	Leave (Including Pregnancy)
Separation Separation Date Voluntary Separation Election of COBRA Yes If yes, describe type of coverage ele	☐ Involuntary Separation ☐ No Start Date of Cover	Notice of COBRA Ri	ghts Provided on//
	proved by Commissa	in 9/27/10 Budget	Hour Sporel
Employee Signature (Optional)	Nama	and Title	Date//
pervisor/Designated Manager Signa	ature	and little	Date //
Human Resources/Payroll Manager S.	ignature	and Title	Date / /



Routing Payroll	1	n	
Effective Date of Change 10/	/ /16	w Hire Change	Пс :
10	1	w Hire Change	☐ Separation
Employee Name	First	9	tiddle
Social Security #	Employee/Pa	yroll # Dept	29
AddressStreet		City	State 71P Code
Telephone # ()		Date of Birth (for administrati	
Status: Full-Time Part-Ti	ne Full-Time Temporary		Other
Job Title	Exempt	□ Non-Exempt Hourly	
			— —
Change(s) for Current Emp	loyee From	To	6
Address Change	FIUIII	10	Comments
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			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Rehire			Professional Agency
Resignation			
Retirement			
X Salary/Wage	1353	1373	20° ph raise
Separation			
Shift Change			
Transfer Union Scale			
Other			
Leave of Absence Begin Leave	/ /	/ /	
☐ Educational	Return from Leave Personal	Family/Medica	d Leave (Including Pregnancy)
☐ Short-Term Disability	☐ Long-Term Disability		TRAVE (Including Fregnancy)
Separation Separation Date/		Last Day Paid _	
Voluntary Separation	☐ Involuntary Separation		Rights Provided on//
		age/	
If yes, describe type of coverage electe			
Additional Comments Autor	Treed by Commission	in 9/27/10 Budgu	+ Aloun approval
E1 C:			D / /
Employee Signature (Optional)		and Title	Date/
Supervisor/Designated Manager Signatur	e Namé	and Title	Date/
Human Resources/Payroll Manager Signa			Date//



©2013 ComplyRight

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Three easy ways to reorder: gneil.com • hrdirect.com • 800-999-9111

Payroll/Status Change Notice

Routing Payroll Effective Date of Change Employee Name	0/1/16 DNG armord Scott	ew Hire Ch	hange
Social Security #	Employee/Pa	yroll # De	ept50
Address	10 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /		
Telephone # _()	urt-Time		strative use only)/
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	/45 <u>0</u>	74 £0	Comments 304 ph raisa
Leave of Absence Begin Leave _ Educational Short-Term Disability	Personal Long-Term Disability	Family/Medi	ical Leave (Including Pregnancy)
Separation Separation Date Voluntary Separation Election of COBRA Yes f yes, describe type of coverage elec	Last Day Worked ☐ Involuntary Separation ☐ No Start Date of Coverage cted:	Notice of COBRA	A Rights Provided on//
Additional Comments Aug	proved by Commission	9/27/16 Budgs	et Heavy Approval
Employee Signature (Optional)			Date / /
pervisor/Designated Manager Signat	Ture		Date/ /
Human Resources/Payroll Manager Sig	natureName and Tit		Date/ /



Effective Date of Change O	Routing Payroll			
Employee Name Social Security # Employee/Payroll # Dept.)/ 1 /16 DN		
Social Security #				☐ Separation
Address	Social Security #	Employee/Pa		
Date of Birth (for administrative use only) John Status Full-Time Part-Time Part		1		307
Telephone # Date of Birth (for administrative use only) Job Title Part-Time Part-T	Address	Street	Cin.	
Department Dep				
Change (s) for Current Employee Type From To Comments	Status: Full-Time Par	tt-Time	☐ Part-Time Temporary ☐	Other
Address Change Demotion Department Department Address Change Demotion Department Address Change Demotion Department Address Change Demotion Department Address Change of Insurance Eligibility Debt Title Change of Insurance Layoff Length of Service Increase Merit Increase Demotion	Job Title	Exempt		
Department Odi(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 Recirement Salary/Wage Reevaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Union Scale Union Scale Union Scale Union Scale Union Scale Short-Term Disability Leave of Absence Separation Separation Date Long-Term Disability Separation Short-Term Disability Leat Day Worked Notice of COBRA Rights Provided on Insurance Eligibility John Fallse Separation Separation Separation Date John Fallse Separation Separation Date John Start Date of Coverage John Fallse Supervisor/Designature (Optional) Employee Signature (Optional) Supervisor/Designated Manager Signature Name and Title Name	Type Address Change		То	Comments
401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Layoff Change of Insurance Layoff Change of Insurance Length of Service Increase Merit Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Rehire Resignation Retirement Resignation Retirement Resignation Retirement Salary/Wage ISC Isc Soft poly Parks Separation Shift Change Transfer Union Scale Union Scale Union Scale Union Scale Union Scale Leave of Absence Personal Family/Medical Leave (Industing Pregnancy) Separation Short-Term Disability Long-Term Disability Other Separation Involuntary Separation Involuntary Separation Involuntary Separation Notice of COBRA Rights Provided on If yes, describe type of coverage elected: Additional Comments Approval by Chamassian Supervisor/Designated Manager Signature Name and Title Date Implace Implace Name and Title Date Implace Implac	THE RESERVE OF THE PERSON OF T			是不是"这个"的"是一个"。 第一个
Insurance Eligibility Job Title				
Job Title				
Layoff Length of Service Increase Merit Increase End of Introductory Period Promotion Recvaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Union Scale Union Scale Union Scale Union Scale Union Scale Separation Short-Term Disability Personal Person				
Length of Service Increase Merit Increase End of Introductory Period Promotion Reevaluation of Current Job Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale	100 A			5190 (1919) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Merit Increase End of Introductory Period Promotion Revealuation of Current Job Rehire Resignation Retirement Salary/Wage Salary/Wage Salary/Wage Salary/Wage Salary/Wage Salary/Wage Salary/Wage Salary/Wage Salary/Wage Separation Shift Change Transfer Union Scale Union S				
End of Introductory Period Promotion Revaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Union Scale Short-Term Disability Date Short-Term Disability Long-Term Disability Dother Separation Short-Term Disability Dother Separation Sepa	A COLUMN TO THE PARTY OF THE PA			The state of the s
Promotion Revaluation of Current Job Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Cother Leave of Absence Begin Leave Personal Personal Personal Personal Defection of CoBRA Separation Short-Term Disability Separation Short-Term Disability Separation Separation Separation Separation Separation Separation Separation Separation Separation Personal Separation Separat				
Rehire Resignation Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Short-Term Disability Leave of Absence Educational Personal Personal Short-Term Disability Dother Leave of Absence In the separation Date Separation Separation Date Involuntary Separation Start Date of Coverage Separation Separation Separation Start Date Separation S				
Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale Union Scale Short-Term Disability Separation Short-Term Disability Separation Short-Term Disability Separation Separation Separation Date Substituting Separation Involuntary Separation	Reevaluation of Current Job			
Retirement Salary/Wage Separation Shift Change Transfer Union Scale Cother Leave of Absence Educational Personal Personal Short-Term Disability Dother Separation Separation Date Voluntary Separation Election of COBRA Yes No Start Date of Coverage If yes, describe type of coverage elected: Additional Comments Approved by Commussiva 9/27/16 Budget Heavy Approval Employee Signature (Optional) Supervisor/Designated Manager Signature Name and Title	Rehire			
Salary/Wage 1300 13				Assessment of the second of th
Separation Shift Change Transfer Union Scale Other Leave of Absence Educational Personal Personal Personal Other Separation Separation Date Long-Term Disability Separation Separation Separation Date Voluntary Separation Involuntary Separation Notice of COBRA Rights Provided on If yes, describe type of coverage elected: Additional Comments Approved by Chamissian 9 27/16 Budget Heavy Separation Supervisor/Designature (Optional) Supervisor/Designature Name and Title Name and Title Supervisor/Designated Manager Signature Name and Title Name and Title		1200	1350	
Shift Change Transfer Union Scale Union Scale Union Scale Other	18572 34743	18	132	30 ph raise
Transfer Union Scale Union Scale Union Scale Leave of Absence Begin Leave				
Cother	THE STATE OF THE S	1 ',		
Leave of Absence Begin Leave / Return from Leave /	- P. C.			200
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 Approved by Commission 9 27/16 Budget Houry Separation Employee Signature (Optional) Date / Supervisor/Designated Manager Signature Date /				
Separation Separation Date / Last Day Worked / Last Day Paid / / Voluntary Separation				
□ 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 Approved by Commission 9/27/16 Budget Meany Approval Employee Signature (Optional) □ Date // Supervisor/Designated Manager Signature □ Date // Name and Title	Part of the second seco			Leave (Including Pregnancy)
□ 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 Approved by Commission 9/27/16 Budget Meany Approval Employee Signature (Optional) □ Date // Supervisor/Designated Manager Signature □ Date // Name and Title	Separation Separation Date	/ Last Day Worked	/ Last Day Dail	1 /
Election of COBRA Yes No Start Date of Coverage // If yes, describe type of coverage elected: Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval Employee Signature (Optional) Supervisor/Designated Manager Signature Name and Title Name and Title	☐ Voluntary Separation			ights Provided on / /
If yes, describe type of coverage elected: Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval Employee Signature (Optional) Supervisor/Designated Manager Signature Name and Title Name and Title			age/_/	ights Frovided on
Employee Signature (Optional)	If yes, describe type of coverage el	ected:		
Supervisor/Designated Manager Signature	Additional Comments Ag	sproved by Corumissa	in 9/27/16 Budget	Slowy Approval
Supervisor/Designated Manager Signature	Employee Signature (Optional)			Date / /
Name and Title			and Title	
		Namé a	and Title	



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Payroll/Status Change Notice

Effective Date of Change Employee Name		ew Hire Cha	ange Separation
Social Security #	Employee/P	ayroll # Dep	Middle SO
Address			
Telephone # ()	rt-Time	Date of Birth (for administ	Other
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	13.28	/3 48	Comments 2 of parasse
☐ Other Leave of Absence Begin Leave _ ☐ Educational ☐ Short-Term Disability	Personal Long-Term Disability	_/	cal Leave (Including Pregnancy)
Separation Separation Date Voluntary Separation Election of COBRA Yes Yes Yes, describe type of coverage ele	/	/ Last Day Paid Notice of COBRA	
	proved by Commissur	ic 9/27/10 Budge	et Searcy Sporoval
Employee Signature (Optional)	Name and		Date / /



©2013 ComplyRight

Please Print			
Routing Payroll			
	1 /16	w Hire Cha	ange Separation
			inge Separation
Employee Name Bur	First First	<u>4</u>	Middle
Social Security #	Employee/Pa	yroll # Dej	pt50
Address	eet	City	State ZIP Code
Telephone # ()	eer.		strative use only)/
	Time	☐ Part-Time Temporary	Other
Job Title	Exempt	□ Non-Exempt Ho	
			The state of the parties of the state of the
Change(s) for Current En		То	Comments
Type Address Change	From		Connicies
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	1.750	1480	30 to Klausp
Salary/Wage	1450	160	o primar
Separation			
Shift Change Transfer			
Union Scale			8
Other			
Leave of Absence Begin Leave	/ / Return from Leave	/ /	T
☐ Educational	☐ Personal	☐ Family/M	Iedical Leave (Including Pregnancy)
☐ Short-Term Disability	☐ Long-Term Disability	Other	
		, ,	/ /
Separation Separation Date	Last Day Worked	Last Day	Paid/_BRA Rights Provided on//
☐ Voluntary Separation	☐ Involuntary Separation		RA Rights Provided on/
Election of COBRA Yes	☐ No Start Date of Cover	rage/	
If yes, describe type of coverage ele			
Additional Comments He	proved by Commission	N 9/27/16 AK	leat Allowy Spproval
Employee Signature (Optional)		e and Title	Date/
Supervisor/Designated Manager Sign	ature		Date//
	Nan	e and Title	
Human Resources/Payroll Manager S	oignature	e and Title	Date / /



Payroll/Status Change Notice

Please Print			* **	
Routing Payroll		П		
Effective Date of Change	0/1/16	□ New Hire	The co	
Employee Name	id d	11chaul	Change	☐ Separation
Last		First	Middle	
Social Security #	Employ	ee/Payroll #	Dept	50
Address				
	Street	City		
Telephone # ()		Date of Birth	(for administrative use	State ZIP Code
	rt-Time	rary Part-Time		er
Job Title	Exemp		11	7-4 Attached? Yes No
Change(s) for Current I	mplovee		The state of the s	Tres Divi
Type	From		To The state of th	
Address Change				Comments
L. Demotion			Care to	
Department			F	
401(k)/403(b) Contribution				
Insurance Eligibility				
☐ Job Title				47 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48) 41 (48)
Change of Insurance				
Layoff Length of Service Increase				
Merit Increase				
End of Introductory Period				
Promotion				
Reevaluation of Current Job				1 (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Rehire				
Resignation				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Retirement				
Salary/Wage	132	13 48		20+ wh vaise
Separation	n Na			v yn ymsy
Shift Change				
Le Transfer	4			
Union Scale				34
Other				
eave of Absence Begin Leave _	motalii irolii Ecaye			
Educational	☐ Personal		Family/Medical Leave ((ncluding Programmy)
Short-Term Disability	☐ Long-Term Disability		Other	regiancy)
eparation Separation Date	/ /			
Voluntary Separation	Last Day Worked Involuntary Separation		Last Day Paid	
lection of COBRA Yes	☐ No Start Date of Cov	Notice	e of COBRA Rights Pr	ovided on//
yes, describe type of coverage elec	cted:	erage //		
dditional Comments Aug	proved by Commissi	un 9/27/16	Budget Ale	the Sopioral
-				
Employee Signature (Optional)				D / /
		me and Title		Date /
pervisor/Designated Manager Signat	Na Na	me and Title		Date//
Iuman Resources/Payroll Manager Sig	gnature			Date/ /
	Na	me and Title		_ "" /



* Payroll Routing Change Effective Date of Change ☐ New Hire ☐ Separation Employee Name Employee/Payroll #____ Social 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 W-4 Attached? Yes No Change(s) for Current Employee From Type Comments 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 Leave of Absence Return from Leave ☐ Educational ☐ Personal Family/Medical Leave (Including Pregnancy) ☐ Short-Term Disability ☐ Long-Term Disability Separation Separation Date Last Day Worked Last Day Paid __ ☐ Involuntary Separation Notice of COBRA Rights Provided on _ ☐ Voluntary Separation Election of COBRA ☐ Yes ☐ No Start Date of Coverage _ If yes, describe type of coverage elected: _ Additional Comments Approved by Commission 9/27/16 Budget Sleary Sporova Employee Signature (Optional)___ Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature ___



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Three easy ways to reorder: gneil.com • hrdirect.com • 800-999-9111



outing Payroll Effective Date of Change Employee Name		ew Hire 🗖 C	Change Separation	
Social Security # Employee/Payroll #		yroll # D		
Address				
Telephone # _() Status: Full-Time Par Job Title	Exempt	Date of Birth (for admin		
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	1205	Comments 204 ph. Tasso	
Leave of Absence Begin Leave Educational Short-Term Disability	/ / Return from Leave Personal Long-Term Disability	// □ Family/Me □ Other	edical Leave (Including Pregnancy)	
f yes, describe type of coverage elec	☐ Involuntary Separation☐ No Start Date of Coverage ted:	Notice of COBF	RA Rights Provided on//	
Additional Comments Aug	noved by Commission	9/27/16 Budg	set Mary Sprioval	
Employee Signature (Optional)	Name and T	itle	Date//	
human Resources/Payroll Manager Signature			Date /	
Tuman resources/ rayron Manager Sign	natureName and Ti	tie	Date//	



Routing Payroll Effective Date of Change		w Hire Change	e ☐ Separation
Employee Name	ise May	ue Shene	Middle
Social Security #	Employee/Pa	yroll # Dept	
Address		1980	
Telephone # _() Status: Full-Time Par Job Title	Exempt	Date of Birth (for administrat	Other
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	mptoyee From	1345	20th racks
Leave of Absence Begin Leave ☐ Educational ☐ Short-Term Disability	Personal Long-Term Disability	_/ □ Family/Medical □ Other	Leave (Including Pregnancy)
Separation Separation Date ☐ Voluntary Separation Election of COBRA ☐ Yes If yes, describe type of coverage elections	Last Day Worked Involuntary Separation No Start Date of Covera		/ / Rights Provided on _ / /
Additional Comments Ag	proved by Commission	in 9/27/16 Budgi	t Stary sprove
Employee Signature (Optional) Supervisor/Designated Manager Sign Human Resources/Payroll Manager S	Name at		Date / / Date / /



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

ATTORNEY

outing Payroll	П		
Effective Date of Change Employee Name	O/ 1/16 - No Leel Fronte	ew Hire Change	□ Separation
Social Security #	Employee/Pa		Middle
Address			
Telephone # _()	urt-Time	Date of Birth (for administrated Part-Time Temporary	Other
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	From 13.5	73 8 <u>0</u>	Comments Soft physics 4
Other Leave of Absence Begin Leave _	/ Return from Leave	//	
☐ Educational ☐ Short-Term Disability	☐ Personal☐ Long-Term Disability	☐ Family/Medical ☐ Other	Leave (Including Pregnancy)
Separation Separation Date Voluntary Separation Election of COBRA Yes f yes, describe type of coverage elections of Comments.	☐ Involuntary Separation ☐ No Start Date of Coverage	/ / Last Day Paid Notice of COBRA Ri	ghts Provided on//
Additional Comments Fig.	proved by commission	C 9127/16 Dudget	Marty Sporoval
Employee Signature (Optional)	name and	Title	Date//
pervisor/Designated Manager Signa	Name and	Title	Date//
Human Resources/Payroll Manager Si	gnatureName and	Title	Date//



Payroll/Status Change Notice A Payroll Routing Effective Date of Change K Change ☐ New Hire ☐ Separation Employee Name ___ Social Security #_ Employee/Payroll # Dept. Address Telephone # () Date of Birth (for administrative use only) Status: Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary Other Job Title ☐ Exempt Hourly ☐ Non-Exempt W-4 Attached? ☐ Yes Change(s) for Current Employee Type From Comments 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

Other			
Leave of Absence Begin Leave _ ☐ Educational ☐ Short-Term Disability	/ / Return from Leave Personal Long-Term Disability	☐ Family/Medical ☐ Other	Leave (Including Pregnancy)
Separation Separation Date ☐ Voluntary Separation Election of COBRA ☐ Yes If yes, describe type of coverage elections	☐ Involuntary Separation ☐ No Start Date of Cover	Notice of COBRA Ri	ghts Provided on/_/
Additional Comments Au	proved by Commission	in 9/27/16 Budget	Heavy Sporoval



Rehire Resignation Retirement Salary/Wage Separation Shift Change Transfer Union Scale

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

TTORNE

Employee Signature (Optional)_

Supervisor/Designated Manager Signature Human Resources/Payroll Manager Signature

ATTORNEY

Payroll/Status Change Notice

Couting Payroll Effective Date of Change	0/ 1/16		
Effective Date of Change Employee Name	anally Mo	ew Hire Chang	e Separation
Social Security #	Employee/Pa		Middle
	Zimployee, 1 a	yroll # Dept	
Address	Street		
Telephone #() Status: Full-Time Par Job Title	rt-Time	Date of Birth (for administrat Part-Time Temporary Non-Exempt Hourly	Other
Change(s) for Current E	mployee From	STAPS to New Years → Consigned a second	
Address Change	FIOR	To	Comments
Demotion	-		
Department			And the second s
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	1141	116	
Salary/Wage Separation	112	11 01	Zotoh raisy
Shift Change			
☐ Transfer			
Union Scale			建设施 存在)
Other			
Leave of Absence Begin Leave _	/ Return from Leave	/_/	
☐ Educational ☐ Short-Term Disability	☐ Personal ☐ Long-Term Disability	☐ Family/Medical] ☐ Other	
Separation Separation Date	Last Day Worked	/ /	
☐ Voluntary Separation	☐ Involuntary Separation	Notice of COBRA Riv	ghts Provided on/_/
	☐ No Start Date of Coverage	/ /	gits Provided on//
f yes, describe type of coverage elec	ted:		
Additional Comments Aux	proved by Commission	9/27/10 Budget	Heavy Spprovel
Employee Signature (Optional)			D / /
pervisor/Designated Manager Signat		tle	Date/
/	Name and Tr	tle	Date/
Human Resources/Payroll Manager Sig	natureName and Ti	tla	Date//



Please Print * Payroll Routing Effective Date of Change Change ☐ New Hire ☐ Separation horles Employee Name ____ Social Security # Employee/Payroll #___ Address Telephone # _(___) Date of Birth (for administrative use only) Status: Full-Time Part-Time Full-Time Temporary ☐ Part-Time Temporary Other Job Title_ ☐ Exempt W-4 Attached? ☐ Yes ☐ No Change(s) for Current Employee Type From **Comments** 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 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 __ 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 Approved by Commission 9/27/16 Budget Meany Approve Employee Signature (Optional) Supervisor/Designated Manager Signature ___ Human Resources/Payroll Manager Signature ___



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use of 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.

TTORNE

ATTORNEY

Payroll/Status Change Notice

outing Payroll Effective Date of Change Employee Name		ew Hire Chang	e Separation
Last	First	earel	Middle
Social Security #	Employee/Pa	yroll # Dept	
Address	Street	City	State ZIP Code
Job Title		Date of Birth (for administrat	ive use only)//
Change(s) for Current E Type	mployee From	То	Comments
Address Change			Comments
Demotion	·		
Department			
401(k)/403(b) Contribution			
Insurance Eligibility Job Title			
Change of Insurance			
Layoff			
Length of Service Increase			The second secon
Merit Increase			
End of Introductory Period			
Promotion Reevaluation of Current Job			
Rehire	10		1 2 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Resignation			
☐ Retirement			
X Salary/Wage	11.41	1/61	Zot phyause
Separation	*		
Shift Change Transfer			
Union Scale			
Other			
Leave of Absence Begin Leave	/ /	/ /	
☐ Educational ☐ Short-Term Disability	Personal Long-Term Disability	☐ Family/Medical☐ Other	Leave (Including Pregnancy)
		Other	
Separation Separation Date	Last Day Worked	Last Day Paid	
☐ Voluntary Separation Election of COBRA ☐ Yes	☐ Involuntary Separation	Notice of COBRA R	lights Provided on//
Election of COBRA Yes If yes, describe type of coverage ele	☐ No Start Date of Coverage	ge/	
	, , ,		
Additional Comments Hy	oroved by Commissus	in 9/27/10 Budgus	Alexty Approval
Employee Signature (Optional)	Name an	d Titla	Date//
pervisor/Designated Manager Signa	ture		Date / /
Human Resources/Payroll Manager Si	Name and	d Title	
- 1100 arees, a ayron ivianager of	Name and	d Titla	Date/



X Payroll Routing Change Effective Date of Change ☐ New Hire ☐ Separation Employee Name Employee/Payroll #_ Social Security #_ Address ___ Date of Birth (for administrative use only) ____ Telephone # () ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary Other Status: Full-Time W-4 Attached? Yes No Job Title ☐ Exempt Change(s) for Current Employee From 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_ Leave of Absence Return from Leave ☐ Family/Medical Leave (Including Pregnancy) ☐ Educational ☐ Personal Other _ ☐ Long-Term Disability ☐ Short-Term Disability Last Day Paid Separation Separation Date Last Day Worked _ Notice of COBRA Rights Provided on ____ ☐ Involuntary Separation ☐ Voluntary Separation ☐ No Start Date of Coverage _ Election of COBRA ☐ Yes If yes, describe type of coverage elected: Additional Comments Auproved by Commission 9/27/16 Budget Attany Spanora Employee Signature (Optional) _ Supervisor/Designated Manager Signature ___ Human Resources/Payroll Manager Signature __



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use of 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

ATTORNEY

Payroll/Status Change Notice

Employee Name	1 / 1 / 16 No 2 / 1 / 16 No 2 / 15 Prist	□ew Hire ⊠Char	nge Separation
Social Security #	Employee/Pa	yroll # Dept	made .
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	t-Time	Date of Birth (for administr	state ZIP Code rative use only)/
f yes, describe type of coverage elect	Personal Long-Term Disability Last Day Worked Involuntary Separation No Start Date of Coverage ed: Provided by Commission Name and Time	Other Notice of COBRA F	Al Leave (Including Pregnancy)



Please Print A Payroll Routing Effective Date of Change Change ☐ New Hire ☐ Separation Employee Name ____ Social Security # Employee/Payroll # Address _ Telephone # () Date of Birth (for administrative use only) Status: Full-Time Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary Other Job Title_ ☐ Exempt W-4 Attached? ☐ Yes ☐ No Change(s) for Current Employee Type From Comments 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 1128 Salary/Wage 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 Approved by Commission 9/27/16 Budget Story Employee Signature (Optional)_ Supervisor/Designated Manager Signature ___ Human Resources/Payroll Manager Signature ___



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use of 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

ATTORNEY

Payroll/Status Change Notice

Please Print				
Couting Payroll		П		
Effective Date of Change	0/ / //6	TI: 56		
Employee Name	nuew out	ew Hire	Change	☐ Separation
Last	First		Middle	
Social Security #	Employee/Pa	ayroll #	Dept.	
Address			W	
	Street	City		State 779 Code
Telephone # ()		Date of Birth (for adm		
Status: Full-Time Pa	rt-Time Full-Time Temporary	☐ Part-Time Temporar	ry Other_	
Job Title	Exempt	□ Non-Exempt	Hourly W-4	Attached? Yes No
Change(s) for Current I	Employee			
Type	From	To		Comments
Address Change				Comments
L Demotion				
Department 401(k)/403(b) Contribution				
Insurance Eligibility				20.00
Dob Title				
Change of Insurance				
Layoff				
Length of Service Increase Merit Increase				
End of Introductory Period				
Promotion				国际的国际
Reevaluation of Current Job			30,746	A 100 (100 (100 (100 (100 (100 (100 (100
Rehire	-			
Resignation				
Retirement Salary/Wage	1108	1128		
Separation	·	11-	201	ph rousu
Shift Change				
☐ Transfer				
Union Scale			100	
Other				
Leave of Absence Begin Leave _ Educational				
Short-Term Disability	☐ Personal		Medical Leave (Inclu	ding Pregnancy)
	☐ Long-Term Disability	Other _		
Separation Separation Date		Last Day	y Paid/	/
Voluntary Separation	☐ Involuntary Separation	Notice of COI	BRA Rights Prov	ided on//
Election of COBRA Yes		e/		
f yes, describe type of coverage ele				
Additional Comments Ag	proved by Commissur	c 9/27/16 AND	Last Dear	in spproval
	•		,	
Employee Signature (Optional)				D / /
	Name and	Title		Date/
pervisor/Designated Manager Signa	Name and	Title		Date//
Human Resources/Payroll Manager Si	gnature	Tiefo		Date//



Routing Payroll		D		
Effective Date of Change 10	11/16 DNG	ew Hire	Change	Separation
Employee NameSmc		M.	HA Change	□ Separation
Social Security #	FIISE	yroll #	Middle Dept	
Address				
Telephone # () Status: Full-Time Part Job Title	Exempt	Date of Birth (for Part-Time Temp	orary Dot	se only)/
a the same of the	mployee From	To	· Energy control	Comments
Address Change				
Demotion				
Department 401(k)/403(b) Contribution			The state of the s	
Insurance Eligibility				
Job Title				
Change of Insurance			<u> </u>	
Layoff				
Length of Service Increase			S	
Merit Increase End of Introductory Period				
Promotion			12 14	The same of the sa
Reevaluation of Current Job				
Rehire			Ţ.	ASSECTION OF THE SECTION OF THE SECT
Resignation				
Retirement	1/08			Contain the second
Salary/Wage	112	1128	5	20 th raise
Separation Shift Change				
Transfer				
Union Scale				
Other				
Leave of Absence Begin Leave	/ / Return from Leave	/ /	Li:	
☐ Educational ☐ Short-Term Disability	☐ Personal ☐ Long-Term Disability	☐ Far		IVE (Including Pregnancy)
Separation Separation Date	Last Day Worked	/ /	Last Day Paid	/ /
☐ Voluntary Separation	☐ Involuntary Separation	Notice of	f COBRA Right	rs Provided on / /
Election of COBRA Yes	☐ No Start Date of Covera	ge / /	CODICI Idgin	is flowided on
If yes, describe type of coverage ele	cted:	8		
Additional Comments Ag	proved by Commission	in 9/27/16	Budget 1	Seaty Approval
Employee Signature (Optional)				Date/ /
Supervisor/Designated Manager Signa	ature	ind Title		
Human Resources/Payroll Manager S.	Namé a	nd Title		Date / /



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

ATTORNEY

ATTORNEY

Payroll/Status Change Notice

Effective Date of Change Podo	1/16 DNO	ew Hire	Change	Separation
Social Security #	Employee/Pa	yroll #	Middle Dept	
Address	ime Full-Time Temporary	Date of Birth (for adm	y Other	
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	From (108	1/28	20	Comments
Leave of Absence Begin Leave Educational Short-Term Disability Separation Separation Date/ Voluntary Separation Election of COBRA Yes If yes, describe type of coverage electers		Other	Medical Leave (In	
Additional Comments Appr	Treed by Corumissus	C 9/27/16 Bu	dgut Neo	try sporoval
Employee Signature (Optional) pervisor/Designated Manager Signature	Name and			Date / /
Human Resources/Payroll Manager Signa	Namé and	Title		Date / /



Routing Payroll	п		
		w Hire	hange Separation
Employee Name		le	
Social Security #	First		Middle Dept
Addresss	treet	City	State ZIP Code
Telephone # ()		Date of Birth (for admir	nistrative use only)/
Status: Full-Time Part	-Time	☐ Part-Time Temporary	
Job Title	Exempt	□ Non-Exempt	ourly W-4 Attached? Yes No
Change(s) for Current Er		manager of the latest and the second	
Type	From	То	Comments
Address Change Demotion			
Department			
401(k)/403(b) Contribution			
Insurance Eligibility			
☐ Job Title			Activities the state of the
Change of Insurance			
Layoff Length of Service Increase			
Merit Increase			
☐ End of Introductory Period			
Promotion			
Reevaluation of Current Job			
Rehire			
Resignation		3	
Retirement			A Water State of the Control of the
X Salary/Wage ☐ Separation	1108	1/28	zot ph rause
Shift Change	11-		
Transfer	5.	,	
Union Scale		327031 3370	
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 D	ay Paid/
☐ Voluntary Separation	☐ Involuntary Separation	AND	OBRA Rights Provided on/_/
Election of COBRA Yes	The state of the s	age/	3
If yes, describe type of coverage el			
Additional Comments Ag	proved by Commissa	in 9/27/16 Bu	edget Heavy Approval
F. 1 C:			P / /
Employee Signature (Optional)		and Title	Date//
Supervisor/Designated Manager Sign	atureName	and Title	Date /
Human Resources/Payroll Manager	ignature	and Title	Date//



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Three easy ways to reorder: gneil.com • hrdirect.com • 800-999-9111



Please Print			* .	
Routing Payroll				
	10/1 //6			
Effective Date of Change Burneloyee Name	uttrus C	New Hire	Change	☐ Separation
Las	st	Wrq.e First	Middle	
Social Security #	Employe	ee/Payroll #	Dept	
Address				
Telephone # _()	Street	City		State 770 C-1
Status: Full-Time P	fort Time.	Date of Birth	(for administrative us	e only) / /
Job Title		ary Part-Time?	Temporary Doth	er
		t Non-Exemp	pt Hourly V	W-4 Attached? Yes N
Change(s) for Current Type	FUE TO NOT THE RECORD OF THE PARTY OF THE PA			
Address Change	From		Го	Comments
Demotion				
Department 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				
Resignation				
Retirement			34.1	
Salary/Wage	1000	1030		
l Separation	н 4,	10-	<i>O</i>	od phrouse
Shift Change				The state of the s
Transfer	*,		2 4 April 2	
Union Scale Other			- L	- AMARIA
cave of Absence Begin Leave _				
Educational Begin Leave _				A CONTRACTOR OF STATE
Short-Term Disability	Personal		Family/Medical Leave	Including Pregnancy)
	☐ Long-Term Disability		Other	
paration Separation Date	Last Day Worked		Last Day Paid/	/
Voluntary Separation ction of COBRA Yes	☐ Involuntary Separation	Notice	of COBRA Rights Pr	
es, describe type of coverage ele	☐ No Start Date of Cove.	rage//		
ditional Comments	Commission Meetin	a Approval o	Budget 1/2	-7
nployee Signature (Optional)				Constitution of the consti
pervisor/Designated M. C.	• Name	and Title		Date//
pervisor/Designated Manager Signat		and Title		Date//
ıman Resources/Payroll Manager Sig	gnature			Date / /
	Mana	and Title		12/115 /



Please Print				
Routing Payroll				
Effective Date of Change 10	// // 6 □ Ne	w Hire	▼ Change	☐ Separation
Employee Name Barns	Davie			- I
Social Security #			Middle Dept	
	Elitable State of Telephone Stat			
Address	Street			
Telephone # ()	street	Date of Birth (fe	or administrative us	se only) / /
- B B B B B B B B.	-Time		mporary 🗆 Oth	
Job Title				W-4 Attached? Yes No
Change(s) for Current E	mplovee	1		
Type	From	То		Comments
☐ Address Change		The second secon		
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				And the state of t
Resignation				
Retirement	100	120		3/4
Salary/Wage	780	1030		264 ph rouse
Separation			<u> </u>	
☐ Shift Change				
☐ Transfer ☐ Union Scale				
Other				
Leave of Absence Begin Leave	/ / Return from Leave	/ /	8.7	
Educational	☐ Personal		Family/Medical Lea	VE (Including Programmy)
☐ Short-Term Disability	☐ Long-Term Disability		Other	(Including Freguency)
				1 1
Separation Separation Date			Last Day Paid	
☐ Voluntary Separation	☐ Involuntary Separation		e of COBRA Right	s Provided on/_/
Election of COBRA Yes	☐ No Start Date of Covers	age//		
If yes, describe type of coverage ele				
Additional Comments Ag	spoul by Commiss	in 9/27/10	& Bulget	Georg Approval
Employee Signature (Optional)				Date / /
Supervisor/Designated Manager Sign	· ·	and Title		Date / /
	Name	and Title		
Human Resources/Payroll Manager S	oignatureName	and Title		Date/



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Couting Payroll Effective Date of Change Employee Name Social Security #	yes Ly		Change Middle Dept.	☐ Separation
Address Telephone # _ (street Tt-Time Full-Time Tempora	Date of Birth (for	or administrative use of mporary Other Mourly W	State ZIP code only) // Attached? Yes No Comments
Other Begin Leave Deducational Short-Term Disability	Return from Leave Personal	//	mily/Medical Leave (Incl	uding Pregnancy)
eparation Separation Date Voluntary Separation	☐ Involuntary Separation☐ No Start Date of Covered:	Notice of	Last Day Paid/ COBRA Rights Prov	/
Employee Signature (Optional) Pervisor/Designated Manager Signatu Human Resources/Payroll Manager Sign	reName	and Title and Title and Title		Date / / Date / /



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Please Print			
Routing 🏲 Payroll			
Effective Date of Change 10/	1 /14 \(\text{Ne}	w Hire Y Change	Separation
		dur	
Social Security #	Employee/Pa		Aiddle
The second second second second second second			
Address			
Telephone # _()	eet	Date of Birth (for administrati	State ZIP Code
Status: Full-Time Part-	Time Full-Time Temporary		Other
Job Title	나라 얼마 그는 다른 사람이 되었는데 하면 하는데 하는데 생각이 되었다.	[12] 'S.	W-4 Attached? ☐ Yes ☐ No
	THE THE PARTY OF T		
Change(s) for Current Em	rptoyee From	To	6
Address Change	Pioni	10	Comments
Demotion		The second secon	
Department			
401(k)/403(b) Contribution		WATER TO THE TOTAL PROPERTY OF THE PARTY OF	
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	1005	1020	204
Salary/Wage	70-	70	209 phraise
Separation		55.419	
Shift Change Transfer			
Union Scale			12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
Other			
Leave of Absence Begin Leave	/ / Return from Leave	/ /	
Educational	Personal	Family/Medica	Leave (Including Pregnancy)
☐ Short-Term Disability	☐ Long-Term Disability	Other	
	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 Cover	age/	
If yes, describe type of coverage elec-	cted:		
Additional Comments Co	mmission Meeting Appro	val of Budget on %	2.7
Employee Signature (Optional)	N.		Date / /
	Mame	and Title	
Supervisor/Designated Manager Signa	Name	and Title	Date /
Human Resources/Payroll Manager Si	gnature		Date / /



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



Routing Payroll Effective Date of Change Employee Name	10/1/2014	— □ — — New Hire	Chang	ge □ Se	eparation
Social Security #	ast	-ester First		Middle	
	Empl	oyee/Payroll #	Dept	BOR	
Address				12345	
Job Title		orary Part-Time	Temporary [ive use only) Other W-4 Attached	ZIP Code
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 (00 perday	\$ 75.05	perday	Pc+ #2016	
Leave of Absence Educational Short-Term Disability Separation Separation Separation Voluntary Separation Election of COBRA Voc	Personal Long-Term Disability Last Day Worked Involuntary Separation	☐ F ☐ C ☐ C ☐ Notice (Last Day Paid of COBRA Righ	ave (Including Pregnancy) / / ts Provided on	
f yes, describe type of coverage elec	ted:	erage//			
Er loyee Signature (Optional)				. v. 100	
iupervisor/Designated Manager Signatu	O L A I Nai	me and Title		Date/	
supervisor/Designated Manager Signati	ire Machan	Administra			1/2016



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or Important note: This is approved for use by the purchaser only. This form may not be shared published with itself and its angle of the purchaser only. This form may not be shared published with itself and its angle of the purchaser only. This form may not be shared published with itself and its angle of the purchaser only. This form may not be shared published with itself and its angle of the purchaser only. This form may not be shared published with itself and its angle of the purchaser only.

2790		¥7.		6 6
Payroll/	Status Cl	nange N	lotice	

Please Print					
Routing Payroll Effective Date of Change Employee Name	0/1/2016		ew Hire	Change	☐ Separation
Social Security #		First Employee/Pa		Mide	BOR
Social Security #		_ Employeerra	ayron #	Dept	MARKA MARKATAN AND AND AND AND AND AND AND AND AND A
Address					
Telephone # _() Status:		Γime Temporary ☐ Exempt	☐ Part-Time 7	(for administrative Temporary 🔲 (ot 🔲 Hourly	
Change(s) for Current	A STATE OF THE PARTY OF THE PAR				
Type	Fron	n		Ó	Comments
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				4.0	
Promotion					
Reevaluation of Current Job					
Rehire					
Resignation					
Retirement	16000 per	201	\$ 75.00 Du	rday	Act 2016-311
Salary/Wage	Go- per	ciery	15-04	er any	7101 011
Separation Shift Change			*****		
Transfer		u.			
Union Scale					
Other					· · · · · · · · · · · · · · · · · · ·
eave of Absence Begin Leave	/// [Return from Leave	/ /	MARKET MARKET THE STATE OF THE	
☐ Educational	☐ Personal			Family/Medical L	eave (Including Pregnancy)
Short-Term Disability	☐ Long-Ter	m Disability			V40 (80 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
separation Separation Date		Last Day Worked		Last Day Paid	
Voluntary Separation		ary Separation			hts Provided on//
lection of COBRA Yes			.ge/_/		
yes, describe type of coverage e	lected:				
dditional Comments					
		7			
Employee Signature (Optional)	•	Mama	nd Title		Date/
upervisor/Designated Manager Sign	nature Budal	t Nicham	Adminstr nd Title	ator	Date 10/ 1/16
			nd Title		
Human Resources/Payroll Manager	Signature	Name 4	nd Titla		Date/



ATTORNEY

Payroll/Status Change Notice

Please Print				* * *	
Couting Payroll					
	01 1 111		· U		
Effective Date of Change	0/1/16		ew Hire	Change	☐ Separation
Employee Name	er	Debl	216		
Social Security #		_ Employee/Pa	vroll #	Middl	
		_ Employee/ra	tyron #	Dept	
Address					
Telephone # ()	Street		City		State ZIP Code
V	T: D= ==		Date of Birth (for administrative	use only) /
	rt-Time	ime Temporary	☐ Part-Time To		Other
Job Title		☐ Exempt	□ Non-Exempt	t Hourly	W-4 Attached? Yes N
Change(s) for Current I	mplovee	BASS STREET			
Туре	From		To		A SECULIAR TO SECULIAR STATE OF THE SECULIAR
Address Change					Comments
L. Demotion					
☐ Department					
401(k)/403(b) Contribution				. 6	
Insurance Eligibility					A Company of the Comp
Job Title					
Change of Insurance				4	
Layoff					
Length of Service Increase					
Merit Increase					
End of Introductory Period				\(\frac{1}{2} \)	
Promotion					
Reevaluation of Current Job					
Resignation Retirement					
Salary/Wage	1206	,	1-61		
Separation	12-		1366		100 phirals e
Shift Change				56	
Transfer					
Union Scale					
I Other					
eave of Absence Begin Leave					
Educational Begin Leave _		urn from Leave			
Short-Term Disability	Personal		□ F	amily/Medical Leav	(Including Pregnancy)
Short-Term Disability	☐ Long-Term	. Disability		Other	
Paration Separation Date	/ /	act Day Worked	, ,		
Voluntary Separation	☐ Involuntari	Some reties	_/	Last Day Paid	
	□ No Start I	Data of Commen	Notice	of COBRA Rights	Provided on//
ves, describe type of coverage elec	eted:	Date of Coverage	/		
11:: 10	2 6 7				
Iditional Comments Aug	moved by Co	nunussan	9/27/16	Budget &	tour spanial
					7
mployee Signature (Optional)					
			tle		Date/
pervisor/Designated Manager Signat					_ Date/ /
ıman Resources/Payroll Manager Sig	nature	Name and Tit	tie.		
, , , , ,		None and Til			Date / /



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

Please Print Payroll Routing **☆** Change 10/1/16 Effective Date of Change ☐ New-Hire ☐ Separation Valenau Employee Name Social Security # Employee/Payroll # Address Telephone # () Date of Birth (for administrative use only) Status: Tull-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary Other Iob Title ☐ Exempt W-4 Attached? Yes Change(s) for Current Employee From Address Change Demotion Department 401(k)/403(b) Contribution Insurance Eligibility Job Title Change of Insurance Lavoff 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 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 _ 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 Approved by Commission 9/27/16 Budget States Employee Signature (Optional)_ Supervisor/Designated Manager Signature ___ Human Resources/Payroll Manager Signature



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use of 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.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



Employee Name Octor Social Security #_	en Brende	New Hire Chang	P
Social Security #_	Employ	vee/Payroll # Dept.	Senior anter-Rection
Address	William Straighten and		
Telephone # _() Status:			ive use only)/ Other W-4 Attached? \[\text{Yes} \] Yes
Туре	From	To	
☐ Address Change ☐ Demotion			Comments
☐ Department			
401(k)/403(b) Contribution			
Insurance Eligibility Job Title	T		
Change of Insurance	lemp Helper	Monager-RSC	per Comm vote 9/22/16
☐ Layoff			, and the second
Length of Service Increase Merit Increase			
End of Introductory Period			
Promotion			
Reevaluation of Current Job			
☐ Rehire ☐ Resignation ☐			4 19 19 19 19 19 19 19 19 19 19 19 19 19
Retirement			
Salary/Wage	850 ph	9112140 Monthly	
Separation		The state of	4
Shift Change Transfer			
Union Scale			
Other			
eave of Absence Begin Leave	/ Return from Leave	/ /	
l Educational	☐ Personal	☐ Family/Medical Lo	2212
Short-Term Disability	☐ Long-Term Disability	Other	CAVE (Including Pregnancy)
eparation Separation Date/	Last Day Worked	/ /	
		Notice of COBRA Righ	
ection of COBRA Yes	No Start Date of Cove	rage/_/	its Provided on/
yes, describe type of coverage elected	d:		
lditional Comments			
nployee Signature (Optional)	A Name	and Title	Date / /
rvisor/Designated Manager Signature	sudget 10. Shall	10m, Administrator	Date 09/23 /16
man Resources/Payroll Manager Signat	ure		
	Name	and Title	Date /



Routing Payroll Effective Date of Change Change ☐ Separation Employee Name Social Security # Employee/Payroll # Address Telephone # (Date of Birth (for administrative use only) _ Status: Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary Other Job Title ☐ Non-Exempt ☐ 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 ☐ Layoff Length of Service Increase Merit Increase ☐ End of Introductory Period Promotion Reevaluation of Current Job Rehire ☐ Resignation Retirement 1600 perday \$7500 perday Salary/Wage Act 2016-311 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 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 Budart Human Resources/Payroll Manager Signature _



MINUTES

COOSA COUNTY COMMISSION

October 11, 2016

9:30 A.M.

ELECTED OFFICIAL COMMENT

CALL TO ORDER

THE COOSA COUNTY COMMISSION MET AT THE COOSA COUNTY COURTHOUSE OCTOBER 11, 2016 FOR ITS REGULAR MEETING WITH TODD ADAMS, CHAIRMAN, PRESIDING.

COMMISSION ROLL CALL

COMMISSIONER ROLL CALL CONSISTED OF CHAIRMAN TODD ADAMS, VICE CHAIRMAN BERTHA KELLY, PAUL PERRETT, UNZELL KELLEY AND RANDALL DUNHAM.

INVOCATION AND PLEDGE OF ALLEGIANCE

INVOCATION WAS GIVEN BY COMMISSIONER RANDALL DUNHAM. THE PLEDGE OF ALLEGIANCE WAS SAID BY ALL IN ATTENDANCE.

APPROVE AGENDA

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERHTA KELLY TO APROVE THE AGENDA. UNANIAMOUSLY APPROVED

READING OF MINUTES

MOTIIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY UNZELL KELLEY OF DISPENSE READING OF MINUTES. UNANIAMOUSLY APPROVED

AWARDS AND PRESENTATIONS

CONSENT AGENDA

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM TO APPROVE FOR THE CHAIRMAN, VICE CHAIRMAN AND ADMINISTRATOR TO AUTHORIZE TO ISSUE AND SIGN CHECKS FOR PAYMENT OF MONTHLY EXPENSES AND PAYROLL. UNANIAMOUSLY APPROVED

MOTION TO APPROVE CHANGES IN EMPLOYEES: JOB DESCRIPTION, SALARY, WORK HOURS, STATUS. UNANIAMOUSLY APPROVED

NEW BUSINESS

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY BERTHA KELLY APPROVAL TO PARTICIPATE IN THE 2017 SEVERE WEATHER PREPAREDNESS HOLIDAY WEEKEND (FEBRUARY 24 THRU FEBRUARY 26, 2017) UNANIAMOUSLY APPROVED.



State of Alabama epartment of Revenue

(www.revenue.alabama.gov) 50 North Ripley Street Montgomery, Alabama 36132 JOE W. GARRETT, JR. Deputy Commissione

CURTIS E. STEWART Deputy Commissioner

BRENDA R. COONE Deputy Commissioner

MICHAEL D. GAMBLE

September 20, 2016

IMPORTANT

RESPONSE REQUIRED

IMPORTANT

2017 Severe Weather Preparedness Tax Holiday February 24-26, 2017

Deadline to notify ADOR: January 24, 2017

The 2017 Severe Weather Preparedness Tax Holiday begins at 12:01 a.m. on Friday, February 24, 2017, and ends at twelve midnight on Sunday, February 26, 2017. As required by the Sales Tax Holiday for Severe Weather Preparedness Rule, a participating county or municipality shall submit a certified copy of their adopted resolution or ordinance providing for the Severe Weather Preparedness Sales Tax Holiday, and any subsequent amendments thereof, to the Alabama Department of Revenue before January 24, 2017. The Department will compile this information into a list of all counties and municipalities participating in the Severe Weather Preparedness Tax Holiday and issue a current publication of the list on its website at: www.revenue.alabama.gov/salestax/ WPSalesTaxHol.htm

> Your taxpayers want to know if your locality will participate in the 2017 Weather Preparedness Tax Holidaysich COOSA COMM

ACTION REQUIRED:

Please put it on your calendar to discuss and vote on this matter soon and notify the ADOR of the decision before January 24, 2017.

Participating?

- Send a certified copy of any resolution, ordinance, or amendment adopted by your locality.

Not Participating?

- It is important that you inform us via email, fax, or letter of that fact.

Taxpayers rely on the list provided by the Department of Revenue and the Department cannot post a locality's participation status based on assumption; notification of nonparticipation or copies of resolution/ordinance from the locality is required.

Notification can be faxed, mailed or emailed:

FAX:

334-353-7666

MAIL:

ALABAMA DEPARTMENT OF REVENUE

Attention: Wanda Robbins, Room 4311

Sales & Use Tax Division Post Office Box 327900

Montgomery, Alabama 36132-7900

EMAIL:

wanda.robbins@revenue.alabama.gov

QUESTIONS: 334-353-8044

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY APPROVAL OF E911 APPOINTMENT SCHEDULE. UNANIAMOUSLY APPROVED

Chairman Rusty Mascari

Vice Chairman Melvin Palmer

Treasurer Ida James



Coosa County E911 Office

P.O. Box 156 Rockford, AL 35136 (256)391-2080 **Board Members**

Elmore Unbehant

Richard Crayton

Elizabeth Caldwell

Sheldon Hutcherson

E911 Director - Amanda Robinson

October 5, 2016

The E-911 Board was authorized by Alabama Act 11-98-4.

The Coosa County Commission, on March 11, 2003 passed a Resolution (based on provisions of Act 84-369) establishing the Coosa County E-911 Board/District.

Act 11-98-4 gives specific details concerning the makeup of the E-911 Board, who can sit on the Board, and the length of their appointments (the length of the initial term, and the ongoing terms may differ, as indicated below).

Pursuant to Section 4 of Act 84-369, and Section 2 of the Coosa County Resolution dated March 11, 2003 seven (7) seats were established for the E-911 Board. Each Commission District would have one member each, the Dispatch Center in Rockford would have one seat and the Dispatch Center in Goodwater would have one seat, bringing the total seats, on the Board, to 7, the maximum allowed by law.

The terms of the initial appointments were staggered to insure there would always be a sufficient level of expertise on the Board. The initial appointments all began in August 2005. The lengths were:

1.	Dist. 1	 3	Years
2.	Dist. 2	 3	Years
3.	Dist. 3	 4	Years
4.	Dist. 4	 3	Years

5. Dist. 5 ----- 2 Years

6. Goodwater PD ----- 2 Years

7. Sheriff Office ----- 4 Years

After the initial appointments, as shown above, all terms will be for 4 Years.

The present Board Members terms expire as indicated:

1.	Dist. 1 Elmore Unbehant August 2020
2.	Dist. 2 Ida James August 2020
3.	Dist. 3 Richard Crayton August 2017
4.	Dist. 4 Sheldon Hutcherson August 2020
5.	Dist. 5 Melvin Palmer August 2019
6.	Goodwater PD Elizabeth Caldwell August 2019
7.	Sheriff Office Rusty Mascari August 2017

The E-11 bi-laws State that a sitting Board Member will remain in their position until 1) they resign, 2) their term is up and they chose to leave, 3) their term is up and the appointing authority choses to replace them.

Each appointing authority should sign below indicating they have received a copy of this appointment schedule:

1.	Dist. 1
	Dist. 2
3.	Dist. 3
	Dist. 4
	Dist. 5
	Goodwater PD
7.	Sheriff Office

Respectfully Submitted:

Rusty Mascari

Chairman of the E-911 Board

INVENTORY FORM
DEPARTMENT
SHERIFF: X
JAIL:
DATE: 10/05/2016 SUBMITTED BY: Chief Deputy Davidson
ADD: REMOVE:X
PROPERTY DESCRIPTION: 2001 Ford F-150
PURCHASE AMOUNT: \$22,711.00
PURCHASED FROM:
SERIAL#:1FTRX18WX1NB97667
MODEL#:F-150
FUND: Sheriff
IF BEING DECLARD SURPLUS:
ASSET#: 400061 DECAL#: 290
REASON FOR DECLARATION: Cost of repair would exceed the value of vehicle.



MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM APPROVAL TO ADVERTISE ROCKFORD SENIOR CENTER KITCHEN HELPER POSITION AND SET INTERVIEWS IMMEDIATELY AFTER THE NOVEMBER 8^{TH} COMMISSION MEETING. UNANIAMOUSLY APPROVED.

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY TO APPROVE RESOLUTION TO SUPPORT PROPOSED CONSTITUTIONAL AMENDMENT 14. UNANIAMOULSY APPROVED.

RESOLUTION IN SUPPORT OF PROPOSED CONSTITUTIONAL AMENDMENT 14

WHEREAS, the Coosa County Commission routinely partners with its State Legislators in Montgomery to pass local legislation for the benefit of the citizens residing in Coosa County, and;

WHEREAS, the Coosa County Commission has supported the passage and enactment of countless local bills that have contributed to a higher quality of life for the residents of Coosa County by providing much needed support for critical public services including, but not limited to, local school systems, volunteer firefighter departments, county sheriffs' offices, workforce development programs, community health organizations, and many more, and;

WHEREAS, a technical issue related to a routine procedural vote in the House of Representatives stands to threaten the execution of thousands of local laws, which would have detrimental and long-term consequences for the citizens of Coosa County and the millions of other Alabamians residing all across this great state, and;

WHEREAS, Act 2016-430 passed during the 2016 Regular Session of the Alabama Legislature proposes a constitutional amendment to ratify and confirm the validity of the procedural vote in question, thereby approving any and all local laws passed by the Alabama Legislature in accordance to the rules of the House or Senate in place at the time of the vote, and;

WHEREAS, ratification of this proposed constitutional amendment would safeguard the communities of Coosa County by preserving the local laws that support the vitally important public services and institutions that the children, senior citizens, small business owners, and hard-working residents of Coosa County have come to utilize on a daily basis, and;

WHEREFORE, BE IT HEREBY RESOLVED BY THE COOSA COUNTY COMMISSION that it does hereby urge all registered voters of Coosa County to vote in favor of the constitutional amendment proposed by Act 2016-430, which will appear on the November 2016 General Election Ballot as Amendment 14.

BE IT FURTHER RESOLVED that a copy of this resolution be forwarded to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, and the chairs of the Senate and House Rules Committee.

IN WITNESS WHEREOF, the Coosa County Commission has caused this Resolution to be executed in its name on this the 11th day of October, 2016.

Idd of Adam Beltha Kelly

Handel Dunkam Gaul Herrett

2796

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY BERTHA KELLY APPROVAL TO DECLARE REVENUE COMMISSION ASSET #700065 (DELL PRECISION 690 MINI TOWER AND ASSET #400257, ID#8066652, SHARP ADDING MACHING OBSOLETE AND DISPOSE OF BOTH. UNANIAMOUSLY APPROVED

GLMGBA01 ACCTCY	FIXED	ASSETS INVENT	ORY DATA EN	ITRY	GLWGBA01/A2
Asset Number 7000	65 Affiliated A	sset No		Status	
Tag Decal No 0000	000664		Cond	U (Good, S	atisf, Unsat)
Asset Type 60				- ` . `	,
Class $\overline{6}$	Other Furnitur	e and Equipme	nt		
Location Cd 11	PROPERTY REAP	PRAISAL			
Fund $\overline{120}$	REAPPRASIAL UF	DATE FUND			
Department $\overline{5180}$	O REAPPRASIAL MA	INT			
Cost	4900.00 Check N	Īo	Purchase 0	rder No	
Purchase From DEL	L		PO Line No		
Purchase Date 5	/ 10 / 2007	Serial No			
Description —		Model No			(
DELL PRECISION 69		Manufacturer	DELL	19	
DUAL CORE XEON PRO		Warranty Expi	res /		
(UNDER DEBRA L'S I)ESK)	Warranty Note			
Disposition		Date Dispos	ed 10 / 11	/ 2016	
LAND FILL		Minute Book			
		License		ires /	/ .
Insurance					
Added 8 / 29 / 20	07 by LENA	Chang	ed 3 / 9	/ 2017 by	AGATHA
copyright 2003, D	elta Computer Sy	stems, Inc	All Rights	Reserved	07/29-MWW
F1 TYPES, F2 LOCA	TIONS, F3 FUNDS,	F4 DEPTS F5	-ADDENDŪM F	6-ALLOCATI	ON .

GLMGBA01 ACCTCY FIXE		FIXED	ASSETS INVE	NTORY	DATA ENTRY	GLWGBA01/A2
Asset Number	40025	7 Affiliated A	sset No		Status	
Tag Decal No 0000000464					Cond U (Good, S	
Asset Type	50	FURNITURE- OF	FICE EOUIPT		_ (,	,
		Other Furnitu		nent		
Location Cd						
		GENERAL FUND				
Department !			SSIONER			
Cost		89.00 Check N		Pur	chase Order No	
Purchase From					Line No	
Purchase Date	6 /	/ 1995	Serial No		6652	
Description			Model No			
SHARP ADDING M	ACHIN.	2	Manufacture	r		
COLLECTOR COUNTER		Warranty Ex	pires	1 1		
			Warranty No	-	_ ' _ ' _	
			•			
Disposition			Date Disposed 10 / 11 / 2016			
LAND FILL			Minute Boo		Page	
			License		Expires /	1
Insurance			_			
Added $4/28$	/ 2004	by LENA	Char	iged	3 / 9 / 2017 by	AGATHA
Copyright 2003	3, Del	ta Computer Sy	ystems, Inc.	- All	Rights Reserved	. 07/29-MWW
F1 TYPES, F2 1	LOCATI	ONS, F3 FUNDS,	, F4 DEPTS F	5-ADD	DENDUM F6-ALLOCAT	ION

2797

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY TO TABLE LAKE MARTIN AREA ECONOMIC DEVELOPMENT ASSOCIATION APPOINTMENT RECENSION. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY TO TABLE LMAEDA BOARD APPOINTMENT. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM NOT TO COVER INCREASE IN INSURANCE PREMIUM FOR LOCAL GOVERNMENT HEALTH INSURANCE BOARD EFFECTIVE DECEMBER 1ST, INCREASE IN PREMUIM TO BE PAID BY EMPLOYEES RECEIVING THE BENEFIT.

LINANIAMOUSLY APPROVED

LOCAL GOVERNMENT HEALTH INSURANCE BOARD

PO Box 304900 • Montgomery, AL 36130-4900 201 South Union Street, Suite 200 • Montgomery, AL 36104 Phone: 334-263-8326 or 1-866-836-9137 • Fax: 334-517-9778 www.lghip.org Roger Rendleman Chairman

William L. Ashmore CEO

August 31, 2016

AGATHA HILL COOSA COUNTY COMMISSION (C06) PO BOX 10 ROCKFORD, AL 35136

Dear LGHIP Official:

At its Board meeting on August 30th, the Local Government Health Insurance Board (LGHIB) voted to accept the recommendations of the Executive Committee to:

 Increase premiums 4% for health and dental (if the unit provides dental coverage through the LGHIP) for both the Preferred and Standard active employee rate categories and for all retirees effective January 1, 2017.

LGHIP UNIT CLASSIFICATION

For CY2017, your local government unit has been classified in the "Preferred" rate category. **A CY2017 rate schedule is enclosed.**

Your local government unit also qualifies for the wellness premium discount of \$10 per active employee per month for CY2017 because you had at least 80% active employee participation in the wellness screening program conducted June 1, 2015 to May 31, 2016. This discount is not reflected in the rate schedule, but will appear on your monthly invoice beginning in December to pay for January's coverage.

We greatly appreciate your continued participation and support of the LGHIP. If you have questions or comments regarding these changes, please forward them to the LGHIB. Also, if our LGHIB staff can be of assistance, please contact them at (334) 263-8326.

Sincerely.

William L. Ashmore Chief Executive Officer

22 Mm

DAISSION

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY TO ADD TO THE AGENDA THE DISPATCHERS LONGEVITY PAY BASED ON AVAILABLE FROM E911 FUNDING. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM TO TABLE THE LONGEVITY PAY FOR ALL FULL TIME DISPATCHERS UNTIL NOVEMBER MEETING. 1-5 YEARS \$500, 6-10 YEARS \$750.00, 10 YEARS AND OVER \$1,000.00, BASED ON AVAILABLE E911 FUNDING. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY TO TABLE ADDRESSING THE SPLITING DUTIES OF JAILER DISPATCHERS UNTIL THE NOVEMBER MEETING. UNANIAMOUSLY APPROVED

OLD BUSINESS

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM THE APPROVAL OF PROPOSED COOSA COUNTY FUNERAL LEAVE POLICY, EFFECTIVE DAY IS TODAY OCTOBER 11. 2016. THE NEW POLICY WILL REPLACE THE CURRENT FUNERAL LEAVE. UNANIAMOUSLY APPROVED

Coosa County - Proposed Funeral Leave Policy

Funeral Leave to be given as follows:

Parent, spouse, child, stepchild, legal guardian, or stepparent

Up to 5 consecutive work days

Mother-in-law, father in-law, daughter-in-law, son-in-law, siblings, half-siblings, step-siblings, or grandchild

Up to 3 consecutive work days

Grandparent, brother-in-law, sister-in-law, first generation aunt or uncle, niece or nephew

1 day-If funeral occurs on weekend, associate may take the work before or after

County Co-worker or Manager/Supervisor

Time necessary to attend funeral up to 4 hours maximum with approval of supervisor.

All others not included in above-Time necessary to attend funeral, up to 4 hours. Maximum of (2) two funeral leaves in a calendar year allowed.

Supporting documentation (Obituary, etc) may be required.

RECESS

UNTIL OCTOBER 25, 2017
MINUTES APPROVED THIS

DAY

CHAIRMAN, TODD ADAMS

UNZELL KELLEY

DAY

RANDA

Bortha Kelly

VICE CHAIRMAN, BERTHA KELLY

RANDALL DUNHAM

NO AGENDA FOR OCTOBER 25, 2016

MINUTES

COOSA COUNTY COMMISSION

OCTOBER 25, 2016

N. C.

3:00 PM

RECESSED FROM OCTOBER 11, 2016

OLD BUSINESS

DISCUSSION OF THE LOWER PART OF THE AGRICULTURE BUILDING AND GIVING US AN EASEMENT RIGHT OF WAY, CONCERNING THE TOWN OF ROCKFORD.

MOTIONED BY COMMISSIONERS PAUL PERRETT AND SECONDED BY TODD ADAMS TO PROPOSE THE TOWN OF ROCKFORD A 4 YEAR CONTRACT ON THE SHERIFF STORAGE AND AG BUILDING IN EXCHANGE FOR NO CHARGE OF NCIC AND WIPE OUT ANY DEBT TO THE COUNTY.

MOTIONED BY COMMISSIONERS BERTHA KELLY AND SECONDED BY TODD ADAMS TO ADD TO THE AGENDA AMENDMENT 3 & 4. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS BERTHA KELLY AND SECONDED BY TODD ADAMS TO APPROVE A RESOLUTION FOR AMENDMENT 3 & 4. UNANIAMOUSLY APPROVED

RECESS UNTIL SEPTEMBER 27, 2016.	
MINUTES APPROVED THIS SEA DAY OF NO	vender, 2016.
Godd po ada	Bortha Kelly
CHAIRMAN, TÖDD J. ADAMS	VICE CHAIRMAN, BERTHA KELLY
Ungel Kelley	Ranfall Dunkan
UNZELL KELLEY	RANDALL DUNHAM
Lauf Musical	
PAUL PERMETT	

AGENDA

COOSA COUNTY COMMISSION November 8, 2016 9:30 AM

WELCOME TO REGULAR MEETING @ 9:30 AM

PUBLIC COMMENTS: (1) Yolanda Watkins. – Revenue Discovery Systems (RDS) – Collection of Sales Tax (2) Willie Cowart – Condition of Paint Rock Road (3) Keith Harris – Schneider Electric – Sustainability Energy Services (4) David Crawford with US Next – Web Site Development Firm

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, issue, and sign checks for payment of monthly expenses and payroll.

, T.

(B) Motion to approve changes in employees: job description, salary, work hours, status (including budget approved raises).

NEW BUSINESS

- (1) Approval to hire Rockford Senior Center "Kitchen Helper" position Chairman Adams
- (2) Approval to write off Asset #700426, Decal 990, DHR Inventory, cost \$1525.45 McAnnally purchase.. Admin. Graham
- (3) Approval to allow Probate Judge to rearrange tag office Probate Judge Dean
- (4) Approval of 1 year contract with RDS for collection of sales tax Admin Graham

AGENDA Page 2

OLD BUSINESS

- (1) LMAEDA Appointment Recension Commissioner Unzell Kelley
- (2) LMAEDA Board Appointment Commissioner Unzell Kelley
- (3) Approval to accept retention bonus payments for Dispatch/Jailer positions from E911 based upon 911's available funding Commissioner Adams
- (4) Approval to allow the Sheriff's Department to begin splitting the duties of the jailers and dispatchers in order to improve operations in the jail Sheriff Wilson

STAFF REPORTS

Administrator: Sprint proposed projects, Qtrly budget reviews, Thanksgiving and

Christmas holiday schedules

Engineer:

Attorney

EMA

Courthouse Maintenance

Nutrition

Safety Coordinator

DISCUSSION ITEMS BY COMMISSIONERS

MOTION TO ADJOURN

Payroll/Status Change Notice

Routing N Payroll Effective Date of Change 10/1 /16 & 10/11/16 New Hire Change ☐ Separation Social Security # Employee/Payroll # 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 From Comments 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 11.00 116 ☐ Salary/Wage ☐ Separation ☐ Shift Change ☐ Transfer Union Scale Leave of Absence ☐ Educational ☐ Personal ☐ Family/Medical Leave (Including Pregnancy) ☐ Short-Term Disability ☐ Long-Term Disability ☐ Other Separation Separation Date Last Day Paid ☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on ___ Election of COBRA ☐ Yes Start Date of Coverage _ If yes, describe type of coverage elected: Additional Comments Rodney Completed extended probation resulting in 33th base 10/11/14
and received 20traise as approved by commission 9/24/16. effective 10/1/16 Employee Signature (Optional)_



Supervisor/Designated Manager Signature _ Human Resources/Payroll Manager Signature _

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use of 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.

Coosa County Commission

Engineering Department 17781 US HWY 231 ROCKFORD, ALABAMA 35136 (256) 377-2261

RANDALL DUNHAM DISTRICT NO.1 BERTHA KELLY DISTRICT NO. 2 Donald Wayne Eason COUNTY ENGINEER

UNZELL KELLEY
DISTRICT NO. 3
PAUL PERRETT
DISTRICT NO. 4
TODD ADAMS
CHAIRMAN
DISTRICT NO. 5

October 24, 2016

Bridget Graham Administrator Coosa County Commission P. O. Box 10 Rockford, AL 35136

4

Dear Bridget:

Due to a position change for Carl Guthery, please exclude him from the current pay raise that was effective October 1, 2016 for all Coosa County Highway Department employees. Carl was given a raise when he took the shop foreman position in October 2015. He has elected to give up the position and return to his previous job which is lower on the pay scale. Therefore, he will not receive the current raise. The previous pay increase shall take the place of this raise.

Thanks for your attention in this matter.

Yours truly,

Donald W. Eason

Coosa County Engineer

RECEIVED COOSA COMMISSION

OCT 24 2016

PO BOX 10

MINUTES

COOSA COUNTY COMMISSION

November 8, 2016

9:30 A.M.

ELECTED OFFICIAL COMMENT

CALL TO ORDER

THE COOSA COUNTY COMMISSION MET AT THE COOSA COUNTY COURTHOUSE ON NOVEMBER 8, 2016 FOR ITS REGULAR MEETING WITH TODD ADAMS, CHAIRMAN, PRESIDING.

COMMISSION ROLL CALL

COMMISSIONER ROLL CALL CONSISTED OF CHAIRMAN TODD ADAMS, VICE CHAIRMAN BERTHA KELLY, PAUL PERRETT, UNZELL KELLEY AND RANDALL DUNHAM.

INVOCATION AND PLEDGE OF ALLEGIANCE

INVOCATION WAS GIVEN BY COMMISSIONER RANDALL DUNHAM. THE PLEDGE OF ALLEGIANCE WAS SAID BY ALL IN ATTENDANCE.

APPROVE AGENDA

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM. MCANNALLY PURCHASES TO BE WRITTEN OFF INVENTORY. UNANIAMOUSLY APPROVED

READING OF MINUTES

MOTIIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY PAUL PERRETT OF DISPENSE READING OF MINUTES. UNANIAMOUSLY APPROVED

AWARDS AND PRESENTATIONS

CONSENT AGENDA

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

MOTION TO APPROVE CHANGES IN EMPLOYEES: JOB DESCRIPTION, SALARY, WORK HOURS, STATUS. UNANIAMOUSLY APPROVED

NEW BUSINESS

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY PAUL PERRETT APPROVAL TO HIRE ROCKFORD SENIOR CENTER "KITCHEN HELPER" POSITION. UNANIAMOUSLY APPROVED.

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM ITEMS TO BE REMOVE ASSET #70426, DECAL 990, DHR INVENTORY, COST \$1525.45- MCANNALLY PURCHASE. UNANIAMOUSLY APPROVED

GLMGBA01 ACCTCY FIXE	D ASSETS INVENTORY DATA ENTRY GLWGBA01/A2
Asset Number 700426 Affiliated	
Tag Decal No 0000000990	Cond U (Good, Satisf, Unsat)
Asset Type 580 KITCHEN EQUI	P-APPLIANCES -
Class 6 Other Furnit	ure and Equipment
Location Cd 20 DHR BUILDING	* *
Fund 001 GENERAL FUND	
Department 51110 COURTHOUSE	
Cost 1525.45 Check	No Purchase Order No
Purchase From LOWE'S	PO Line No
Purchase Date 5 / 9 / 2012	Serial No K20508547
Description	Model No MIM1554XRS
MAYTAG 14-7/8 INCH 25 LB.	Manufacturer MAYTAG
CAPACITY FREESTANDING/BUILT-IN	Warranty Expires / /
ICE MAKER. PLACED AT DHR BLDG.	Warranty Note
Disposition	Date Disposed $12 / 13 / 2016$
ICE MAKER NOT IN DEPARTMENT OF	Minute Book Page
HUMAN RESOURCE BUILDING	License Expires / /
Insurance	
Added 5 / 31 / 2012 by BRITTANY	Changed 3 / 9 / 2017 by AGATHA
copyright 2003, Delta Computer S	Systems, Inc All Rights Reserved 07/29-MWW
FI TYPES, FZ LOCATIONS, F3 FUNDS	S. F4 DEPTS F5-ADDENDIM F6-ALLOCATION

MOTIONED BY COMMISSIONERS PAUL PERRETT AND SECONDED BY BERTHA KELLY APPROVAL TO ALLOW PROBATE JUDGE TO REARRANGE TAG OFFICE. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS PAUL PERRETT AND SECONDED BY BERTHA KELLY APPROVAL OF 1 YEAR CONTRACT WITH REVENUE DISCOVERY SYSTEMS FOR COLLECTION OF SALES TAX. SUBJECT TO REVIEW OF THE CONTRACT BY JOHN KELLEY. UNANIAMOUSLY APPROVED.

Sample
Documents Only

RDS
revenue discovery systems
- contact will be for lyear

Coosa County, AL Start Up Package

TABLE OF CONTENTS

- 1. Everything You Need to Implement Self Collection
- 2. Sample Resolution
- 3. Letters
 - a) Sample Letter to the State Department of Revenue
 - b) Sample Letter for Information Processing
 - c) Sample Letter of Introduction for RDS Auditors & Compliance Personnel
 - d) Sample Letter Requesting Reciprocal Agreement with State Department of Revenue
- 4. RDS Revenue Services Information
- 5. Coosa of Commerce & Trade Events/Festivals

Tax Revenue Enhancement Agreement Revenue Administration

This agreement mad	e as of the	day of	_ 2016, by a	and hetween	PRA	Covernmen
Services, LLC d/b/a R	EDS ("PDS") and Co	Soo County Al-	_ 2010, by a	IIIO DETAGEII	LUA	Governmen
COLVICCS, ELO GIDIA I	ibo (nbo) and Co	osa County, an Ala	bama County	("COUNTY")		

A. Remittance Processing Services

- Taxes Processed: RDS will perform remittance processing for sales and use taxes as designated by COUNTY.
- Taxpayer Notification and Remittance: RDS will send individualized tax forms to all known taxpayers. Taxpayers will remit payments to the following Address: Coosa County, P.O. Box 830725, Birmingham, AL 35283-0725. Upon reasonable notice to COUNTY, RDS may change the Address for payments.
- Deposit Process: Deposits are made to the extent that funds have been received, via Automated Clearing House of the amounts and to the designated recipients as instructed by the COUNTY for each type of tax collected, as shown in more detail on <u>Exhibit A</u>.
- 4. Posting Process: Taxpayer accounts are posted with payment information captured in the RDS revenue system. Additional information such as net sales, deductions, credit sales, measure of tax, name change and address change is captured and added to payment data and taxpayer master file (as determined necessary by RDS). Late payments (postmarked by U.S. Postal Service after due date) are invoiced at penalty amounts required by State code. Under-payments are invoiced for remaining tax due plus any required penalties.
- 5. Changes to **Exhibit A**: COUNTY shall notify RDS in writing immediately of all changes in amounts to be deposited into the accounts of designated recipients. An amended **Exhibit A** shall be prepared and executed by the Parties as soon as reasonably possible. In addition, RDS shall provide documentation confirming each change under the preceding sentence with the first monthly report reflecting the applicable change. If the changes reflected in the monthly report do not properly reflect the intended changes of the COUNTY, then the COUNTY shall immediately notify RDS and, thereafter, RDS shall take the steps necessary to insure that designated recipients receive the amounts intended by COUNTY.

6. Notification, Reporting to COUNTY:

- RDS will provide COUNTY with monthly reports including, but not limited to, payment listings showing all taxes received related to net receipts reported, a general ledger distribution that corresponds to COUNTY'S account numbers and all fees paid to RDS. These reports will be provided by the 10th of the month following the tax month;
- ii. COUNTY AGREES TO EXAMINE THIS REPORT IMMEDIATELY. IF NO ERROR IS REPORTED BY THE COUNTY TO RDS WITHIN 60 DAYS, THE STATEMENT WILL BE DEEMED ACCURATE:
- iii. All items credited will be subject to receipt of payment; and
- RDS will attend Council meetings at such times as may be reasonably requested by COUNTY.

B. Compliance Services

1. Taxes Reviewed: RDS will perform compliance services for sales, use and other taxes designated by COUNTY under Remittance Processing Services. RDS will provide delinquency notification and follow-up. This includes correspondence, calls, and collection procedures and the related documentation. Delinquency policies and procedures will be applied consistently and within applicable tax laws. Unless otherwise directed by COUNTY, RDS will make reasonable efforts to collect taxes designated by COUNTY hereunder. Where deemed reasonably appropriate, accounts may be turned over to audit or third party collection. If COUNTY elects to have its attorney pursue collection of certain uncollected accounts, RDS will assist COUNTY attorney as reasonably requested at its normal hourly rate as reflected herein.

2. Conduct of Compliance Services: To assure that all taxpayers are treated fairly and consistently and all compliance services are performed in a similar manner, RDS representatives who perform compliance services will use a similar compliance plan for each compliance service conducted. All funds due from compliance services will be remitted to COUNTY in the same manner as provided for pursuant to Section A, above.

C. General Provisions

- Information Provided: COUNTY represents that the information provided to RDS in the performance
 of services hereunder shall be provided free and clear of the claims of third parties. COUNTY
 represents that it has the right to provide this information to RDS and that said information shall not
 be defamatory or otherwise expose RDS to liability to third parties.
- Compliance with laws: Each Party accepts responsibility for its compliance with federal, state, or local laws and regulations.
- Taxpayer service: RDS will provide a taxpayer assistance number for taxpayer questions. RDS will
 provide informational brochures for placement in COUNTY offices, Chamber of Commerce offices,
 libraries and any other facilities. This information may also be available on the Internet at
 www.revds.com.
- Review and Appeal Process: RDS has adopted and will use a review and appeals process which is based on the Alabama Taxpayers' Bill of Rights Act and Uniform Revenue Procedures Act codified as Title 40, Chapter 2A, Code of Alabama, 1975, as amended.
- 5. Consideration for Remittance Processing Services, Revenue Analysis Services and Compliance Services: RDS will receive an amount equal to Two Dollars and Sixty Eight Cents (\$2.68) per account per transaction OR 1.50% of gross revenues collected, whichever is lower, for providing Remittance Processing Services and Revenue Analysis Services.

6. Audit Services:

- i. RDS Audit Services: Audit Services include all preparation for the performance of an audit, any research or statistical analysis performed in relation to an audit, in-house audit/collection efforts, examination of the books and records of the taxpayer, an assessment of the amount due (if any), and all services related to closing an audit.
- ii. RDS Reciprocal Agreement: To the fullest extent allowed by law, COUNTY hereby authorizes RDS to act as a facilitator with the Alabama Department of Revenue and other applicable jurisdictions to share audit findings on its behalf.
- iii. RDS will provide COUNTY ninety six (96) audit hours at no fee.

Thereafter, audits must be requested by COUNTY in writing, and will be subject to the following RDS fee: RDS will receive an amount based on an hourly rate of seventy dollars (\$70.00) for audit services, which are approved by the county. There shall be no contingent fees.

- If overnight travel or travel more than 25 miles beyond origination point is required, RDS will pay the auditor and bill the COUNTY for its portion of travel expenses. COUNTY agrees to pay the amount of these fees when due, regardless of any recovery.
- 2. Billing Increment: Time will be recorded in 15-minute intervals (.25 hours);
- Shared Audit Fees: When audits for COUNTY overlap with audits for other RDS clients or clients of RDS Affiliates, the fees will be shared as follows:
 - a. Travel Time: travel time, expenses, and a daily per diem amount for each audit is distributed evenly among the clients reviewed for each audit.
 - Interview Time: time billed during the initial interview of each audit is distributed evenly amongst the clients reviewed for each audit – during this process the auditor determines which clients will actually be audited for and billed Audit Time as follows;

- Audit Time: Time billed during the actual audit stage of each audit is billed according to actual time spent working for each client;
- No Double Billing: In no event will the overlapping audits combined require payment for more than 100% for any one RDS representative.
- 7. Company Audit: Once a year RDS will have an auditor prepare an Independent Service Auditor's Report on Controls Placed in Operation and Tests of Operating Effectiveness. This report is commonly called a SOC 1 report and will be made available upon request.
- 8. Term of the Agreement: This Agreement shall be for a term of two (2) years following the date of execution or the maximum period allowed by law, whichever is shorter. Either party shall have the right to terminate this Agreement in the event of a material breach by the other party. Any such termination may be made only by providing ninety (90) days written notice to the other party, specifically identifying the breach or breaches on which termination is based. Following receipt of such notice, the party in breach shall have thirty (30) days to cure such breach or breaches. In the event that such cure is not made, this Agreement shall terminate in accordance with the initial ninety (90) days notice.
- 9. Effect of Termination: Notwithstanding non-renewal or termination of this Agreement, COUNTY shall be obligated to pay RDS for services performed through the effective date of termination for which RDS has not been previously paid. In addition, because the services performed by RDS prior to termination or non-renewal of this Agreement may result in the COUNTY's receipt of revenue after termination which are subject to RDS' fee, the COUNTY shall remain obligated after termination or non-renewal to provide to RDS such information as is necessary for RDS to calculate compensation due as a result of the receipt of revenue by the COUNTY. The COUNTY shall remain obligated to pay RDS' invoices therefore in accordance with the terms of this Agreement.
- 10. Indemnity: To the fullest extent allowed by law, RDS hereby agrees to indemnify and hold COUNTY harmless from any claims and against all costs, expenses, damages, claims and liabilities based upon or arising solely out of a breach of this Agreement by RDS. Except as set forth in the preceding sentence, to the full extent allowed by law, COUNTY hereby agrees to indemnify and hold RDS harmless from any claims and against all costs, expenses, damages, claims and liabilities relating in any way to sales, use and other taxes of COUNTY, including, but not limited to, determination of taxes due from taxpayers, the collection thereof and any refunding related thereto.
- 11. Limitation of Liability: To the maximum extent permitted by law, in no event shall RDS, its employees, contractors, directors, affiliates and/ or agents be liable for any special, incidental or consequential damages, such as, but not limited to, delay, lost data, disruption, and loss of anticipated profits or revenue arising from or related to the services, whether liability is asserted in contract or tort, and whether or not RDS has been advised of the possibility of any such loss or damage. In addition, RDS' total liability hereunder, including reasonable attorneys fees and costs, shall in no event exceed an amount equal to the fee paid by the COUNTY for the affected service to which the claim pertains. The foregoing sets forth the COUNTY'S exclusive remedy for claims arising from or out of this Agreement. The provisions of this section allocate the risks between RDS and the COUNTY and RDS' pricing reflects the allocation of risk and limitation of liability specified herein.
- 12. Equal Opportunity to Draft: The Parties have participated and had an equal opportunity to participate in the drafting of this Agreement. No ambiguity shall be construed against any Party upon a claim that that party drafted the ambiguous language.
- 13. Assignment: This Agreement shall be binding upon and inure to the benefit of the Parties, their successors; representatives and assigns. RDS shall not assign this Agreement, or delegate its duties or obligations under this Agreement, without the prior written consent of COUNTY, which consent shall not be unreasonably withheld, delayed or conditioned. Notwithstanding the foregoing, RDS may assign this Agreement, in whole or in part, without the consent of COUNTY to any corporation or entity into which or with which RDS has merged or consolidated; any parent, subsidiary, successor or affiliated corporation of RDS; or any corporation or entity which acquires all or substantially all of the assets of RDS. Subject to the foregoing, this Agreement shall be binding upon and inure to the benefit of the parties and their successors or assigns.

- 14. Force Majeure: RDS shall not be in default of its obligations hereunder to the extent that its performance is delayed or prevented by causes beyond its control, including but not limited to acts of God, government, weather, fire, power or telecommunications failures, inability to obtain supplies, breakdown of equipment or interruption in vendor services or communications.
- 15. Subcontractors: RDS shall have the right to hire assistants as subcontractors or to use employees to provide the Services required by this Agreement. RDS, in rendering performance under this Agreement shall be deemed an independent contractor and nothing contained herein shall constitute this arrangement to be employment, a joint venture, or a partnership. RDS shall be solely responsible for and shall hold COUNTY harmless from any and all claims for any employee related fees and costs including without limitation employee insurance, employment taxes, workman's compensation, withholding taxes or income taxes.
- 16. Intellectual Property Rights: The entire right, title and interest in and to RDS' database and all copyrights, patents, trade secrets, trademarks, trade names, and all other intellectual property rights associated with any and all ideas, concepts, techniques, inventions, processes, or works of authorship including, but not limited to, all materials in written or other tangible form developed or created in the course of this Agreement (collectively, the "Work Product") shall vest exclusively in RDS. The foregoing notwithstanding, in no event shall any COUNTY-owned data provided to RDS be deemed included within the Work Product.
- 17. Entire Agreement: This Agreement constitutes the entire agreement between the Parties hereto and supersedes any prior understandings or written or oral agreements between the Parties respecting the subject matter contained herein. Said Agreement shall not be amended, altered, or changed, except by a written Agreement signed by both Parties hereto.
- 18. Invalidity: If any 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 not affect any other provision thereof, and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained thereof, and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.
- 19. By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Effective Date: The effective date is agreement shall commence on or before 20, 2017.	for the performance of services under the terms of this taxes to be remitted
IN WITNESS WHEREOF, the parties hereto a Agreement.	as of the date first above written have duly executed this
PRA GOVERNMENT SERVICES, LLC D/B/A RDS	Coosa County
By: Its: SVP, Operations	By:

EXHIBIT A DISTRIBUTION and RATE CONFIRMATION

November 1, 2016

Bridgett Graham Coosa County P.O. Box 218 Rockford, AL 35136

Dear Ms. Graham

Funds will be distributed in the following accounts pursuant to this Agreement:

Agency	Routing #	Account #	Distribution %	Tax Type/Rate Code
Coosa County			100%	Sales/Use; all rates

Tax Types and Rate Codes will be administered at the following percentages:

Тах Туре	Rate Type	Percentage
Sales/Use	General	
Sales/Use	Mfg Machine	
Sales/Use	Farm	
Sales/Use	Auto	
Sales/Use	Amusement	
Sales/Use	Vending	

If at any time there are any discrepancies between the schedule set out above and your records, please notify us in writing immediately.

IT IS YOUR RESPONSIBILITY TO PROVIDE NOTICE TO US OF ANY CHANGES IN TAX RATES OR IN THE DISTRIBUTION OF FUNDS. NOTICE MUST BE IN WRITING AND SENT, VIA CERTIFIED MAIL, TO:

PRA Government Services, LLC (d/b/a RDS) 600 Beacon Parkway West, Suite 900 Birmingham AL 35209 ATT: Kennon Walthall, SVP, Operations

Thank you for your assistance. If you have any questions, or if I may be of assistance, please let me know.

Sincerely Yours, Doug Estes Client Relations Manager RDS 205-423-4130 direct dial 205-423-4097 direct fax

l have	e reviewed the above distribution and verify	that it is correct.	
Ву:			
	Name:	Kennon Walthall RDS SVP, Operations	
	Title:	NDS SVF, Operations	

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY UNZELL KELLEY TO APPROVE OF SUBMISSION USDA GRANT FOR PURCHASE OF VEHICLES TO BE USED BY THE SHERIFF DEPARTMENT 806 UNANIAMOULSY APPROVED

MOTIONED BY COMMISSIONERS TODD ADAMS AND SECONDED BY RANDALL DUNHAM TO APROVE RESOLUTION REGARDING CULVERT REPLACEMENT ON COUNTY ROAD 56. UNANIAMOULSY APPROVED

RESOLUTION

COUNTY OF COOSA

Project No. CCP 19-137-16

STATE OF ALABAMA

Functional Classification No. 1900

WHEREAS, the Commission of Coosa County, Alabama, is desirous of constructing or improving, by force account, by contract, or both, a section of road included in the Coosa County Road System and described as follows:

Replacement of 20.0 ft. bridge over Spear Branch on Coosa County Road No. 56 at approximately 0.78 miles east of Coosa County Road No. 29 Structure No. O CO0056 19 0000048Z 00

Sufficiency Rating: 28.5

Status: O (Open/In Service)

BIN No. 005583

Location Map Attached

WHEREAS, the County agrees to all of the provisions of the County-wide agreement executed between the State and the County covering preliminary engineering by State forces and equipment on the project, and

WHEREAS, the County agrees to all of the provisions of any agreement which has been executed or will be executed covering the construction of the project.

NOW THEREFORE BE IT RESOLVED, by the Coosa County Commission, that the above mentioned project be approved to let to contract.

Signed and Approved by Commissioners of Coosa County, this day of November 08, 2016.

Member

Governing Body

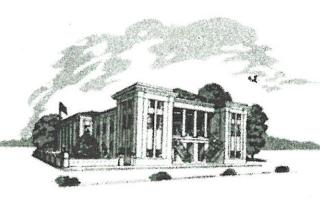
Chairman U

unhans

Member 7

Hank Hunt

MOTIONED BY COMMISSIONERS TODD ADAMS AND SECONDED BY PAUL PERRETT APPROVAL TO SEND UPDATED LETTER TO GUY GUNTER COMMISSIONER- AL DEPT. OF CONSERVATION AND NATURAL RESOURCES. UNANIAMOUSLY APPROVED



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 8, 2016

Mr. N. Gunter Guy, Jr., Commissioner State of Alabama Department of Conservation and Natural Resources 64 North Union Street Montgomery, AL 36130

RE: Forever Wild and Pinhoti Trail Expansion

Dear Commissioner Guy,

The Coosa County Commission supports the expansion of the Pinhoti Trail Project in Coosa County and subsequent transfer of land to the State only for property which connects the trail by utilizing minimal tracts (one acre or less on each side of trail) and is necessary to connect the trail.

We do not support other land transfers to Forever Wild not specifically identified as connecting the Pinhoti Trail utilizing minimal tracts as described above due to the loss of the property taxes available for Coosa County in the present and future. Coosa County needs the taxes which are lost to both enhance and maintain the quality of life for residents and our communities.

We do believe that development of the trail will eventually encourage development of locally owned business and industry that may improve overall economic growth in the area and are excited about that prospect. Our goal is to work together to achieve our common goals.

Sincerely,

The Coosa County Commission

CHAIRMAN, TODD J. ADAMS

VICE CHAIRMAN, BERTHA KELLY

RANDALL DUNHAM

auf Martin

Randoll Dunham

OLD BUSINESS

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY THE LMAEDA APPOINTMENT RECENSION OF CHAIRMAN TOOD ADAMS. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY APPOINTING COMMISSIONER UNZELL KELLEY TO THE LAKE MARTIN AREA ECONOMIC DEVELOMENT BOARD REPRESNTING THE COOSA COUNTY COMMISSIONERS. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS PAUL PERRETT AND SECONDED BY RANDALL DUNHAM THE APPROVAL TO ACCEPT RETENTION INCENTIVE PAYMENTS FOR DISPATCH /JAILER POSITIONS FROM E911 BASED UPON 911'S AVAILABLE FUNDING. UNANIAMOUSLY APPROVED

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY TO TABLE THE SHERIFF'S DEPARTMENT REQUEST TO BEGIN SPLITTING THE DUTIES OF THE JAILERS AND DISPATCHERS IN ORDER TO IMPROVE OPERATIONS IN THE JAIL. UNANIAMOUSLY APPROVED

STAFF REPORTS

COMMISSIONER UNZELL KELLEY MADE MENTION TO HAVE A WORK SESSION DAY.

MOTION TO ADJOURN

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY BERTHA KELLY TO BE ADJOURN. UNANIAMOUSLY APPROVED

MINUTES APPROVED THIS	DAY OF December 2016.
CHAIRMAN, TODD ADAMS	Beything Kelly VICE CHAIRMAN, BERTHA KELLY
UNZELL KELLEY PAUL PERPETT	Randall Dunham

AGENDA COOSA COUNTY COMMISSION December 13, 2016 9:30 AM

WELCOME

PUBLIC COMMENTS: Coosa County Historical Society - Request to Present

Michelle Hunter - Proposed Donated Leave Policy

Jan Forbus - Advanced Waste Disposal Service Complaint

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.

NEW BUSINESS

- (1) Approval of Rockford Senior Center temp hire of Dianne Yarbrough pending standard procedure for verification of eligibility Chairman Adams Possible Executive Session
- (2) Decision regarding participation in 2016 Severe Weather Tax Holiday, February 26 28, 2016.
- (3) Resolution regarding West Coosa Senior Center Commissioner Adams
- (4) Discussion regarding subdivision restrictions and covenants in Coosa County Commissioner Perrett
- (5) Approval of designated work session for commission and elected officials to discuss current legislative issues proposed for Tuesday, Jan. 19th or Thursday, Jan. 21st at 930 a.m. Chairman Adams
- (6) Discussion regarding litter control utilizing work release personnel from Tallapoosa County Commissioner B. Kelly
- (7) Discussion regarding CDBG Grant Commissioner B. Kelly

NEW BUSINESS, continued

(8) Employee Performance Evaluation - Commissioner U. Kelley- Possible Executive Session

OLD BUSINESS

- (1) Approval of Proposed Donated Leave Policy Commissioner U. Kelley
- (2) Approval of County's percentage share of Health Insurance Increase- Administrator Graham.
- (3) Discussion of Proposed Act regarding Sunday Alcohol Sales Commissioner Perrett

STAFF REPORTS

Administrator:

Engineer

Attorney

EMA

Courthouse Maintenance-

Nutrition-

Safety Coordinator-

DISCUSSION ITEMS BY COMMISSIONER

Routing Payroll Effective Date of Change 12 Employee Name Voder Last	Laurie		*
	Employee/Pa	yroll # Dept	
Address <u>Bice Road</u> Telephone # ()	rt-Time		ative use only)/ /
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	From 8 90/ni	9 17/m	6 months Probation successfully completed. hud 99/16
☐ Voluntary Separation Election of COBRA ☐ Yes If yes, describe type of coverage elec	☐ Personal ☐ Long-Term Disability / Last Day Worked ☐ Involuntary Separation ☐ No Start Date of Coverage ted:	Other / Last Day Paid _ Notice of COBRA I	
Additional Comments	ure Budget Hisham Name and T		Date / / Date 12/09/16 Date / /



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or 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.

ATTORNEY

MINUTES

COOSA COUNTY COMMISSION

DECEMBER 13, 2016

9:30 A.M.

ELECTED OFFICIAL COMMENT

CALL TO ORDER

THE COOSA COUNTY COMMISSION MET AT THE COOSA COUNTY COURTHOUSE DECEMBER 13, 2016 FOR ITS REGULAR MEETING WITH TODD ADAMS, CHAIRMAN, PRESIDING.

COMMISSION ROLL CALL

COMMISSIONER ROLL CALL CONSISTED OF CHAIRMAN TODD ADAMS, VICE CHAIRMAN BERTHA KELLY, PAUL PERRETT, UNZELL KELLEY AND RANDALL DUNHAM.

INVOCATION AND PLEDGE OF ALLEGIANCE

INVOCATION WAS GIVEN BY COMMISSIONER RANDALL DUNHAM. THE PLEDGE OF ALLEGIANCE WAS SAID BY ALL IN ATTENDANCE.

APPROVE AGENDA

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM. UNANIMOUSLY APPROVED

READING OF MINUTES

MOTIIONED BY COMMISSIONERS PAUL PERRETT AND SECONDED BY RANDALL DUNHAM OF DISPENSE READING OF MINUTES. UNANIMOUSLY APPROVED

AWARDS AND PRESENTATIONS

CONSENT AGENDA

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY 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, AND STATUS. UNANIMOUSLY APPROVED

NEW BUSINESS

MOTIONED BY COMMISSIONERS TODD ADAMS AND SECONDED BY UNZELL KELLEY THE APPROVAL OF APPOINTING LEANNA HOLMES TO THE DEPARTMENT OF HUMAN RESOURCE BOARD ON DECEMBER 13, 2016. UNANIMOUSLY APPROVED.

PMOTIONED BY COMMISSIONERS PAUL PERRETT AND SECONDED BY BERTHA KELLY APPROVAL OF RESOLUTION TO DISCONTINUE USING THE ADMINISTRATIVE SERVICES OF THE STATE REVENUE DEPARTMENT FOR SALES TAX COLLECTIONS AND TO BEGIN UTILIZING REVENUE DISCOVERY SYSTEMS WITH AN EFFECTIVE BEGINNING DATE OF FEBRUARY 1, 2016. UNANIAMOUSLY APPROVED



County Clerk/Administrator

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

Coosa County Resolution

Resolution No. 121316

Whereas, County of Coosa County, Alabama desires to begin self-collection and administration of County Sales/Use Tax and Lodging Tax and any other additional taxes effective beginning the period of February 1, 2017 (with the first collection to be received on or before March 20, 2017); and

Whereas, County of Coosa County, Alabama has been presented a proposal by RDS of Birmingham dated November 8, 2016, whereby RDS will perform the services necessary to administer and collect the taxes for the County and the County desires to accept such proposal.

NOW THEREFORE BE IT RESOLVED by the County of Coosa County Commission that the County agrees to begin collecting County sales/use and lodging tax effective beginning with the period of February 1, 2017, and the Chairman is instructed to notify the State of Alabama Department of Revenue immediately of the decision of this Commission; and

BE IT FURTHER RESOLVED that the proposal presented by RDS dated November 8, 2016, whereby RDS will perform the services necessary to administer and collect the taxes for the County, be accepted and the Chairman is hereby authorized and directed to enter a contract with RDS which conforms to such proposal.

Bertha Kuly	, a Commission member, make the motion and
Bertha Kelly	, a Commission member, seconded the motion that said
resolution be approved, and said resolution pas	ssed by majority vote of the Coosa County Commission
declared the Resolution so passed.	
ADOPTED this 13th day of Deumber	, 2016
	Chairman
Poridget W. Graham	V

MOTIONED BY COMMISSIONERS PAUL PERRETT AND SECONDED BY RANDALL DUNHAM TO REJECT THE COUNTER OFFER FROM CITY OF ROCKFORD'S FOR SHERIFF STORAGE/AGRICULTURE BUILDING, UNZELL KELLEY ABSTAINED HIMSELF. UNANIAMOULSY APPROVED

me

Proposal:

5 year lease with no rent paid by the County and no NCIC paid by the Town for 5 years.

Board of Education will not be included in the deal.

We want to pay the \$205 if you will send me an invoice

They also want the number of who to contact at the state about the overpayment of the Franchise Payments. Our accountant wants to call them and see what arrangements can be made. They want to arrange payments on this debt.

Callie Thornton

Rockford Town Clerk

2810

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY UNZELL KELLEY TO DECLARE COMMISSION CAR SURPLUS AND SELL ON GOV.DEALS. ASSET #700050, DECAL #0000000649, 2004 CHEVROLET IMPALA (GOLD) VIN #2G1WF52E849410905, DATE PURCHASED 6/15/2009. UNANIAMOUSLY APPROVED.

Declare Commission Car Surplus and sell on Gov.deals. Asset #700050, Decal # 0000000649, 2004 Chevrolet Impala (Gold) Vin#2G1WF52E849410905, Date purchased 6/15/2007.

The vehicle has been sitting in the parking lot and has been driven very little over the past year. It has computer issues (transmission), small leak around windshield, and is generally unreliable.

The Commission could consider purchasing a replacement vehicle which would better meet the needs of the Commissioners (4-wheel drive) in the near future.

MOTIONED BY COMMISSIONER UNZELL KELLEY AND SECONDED BY PAUL PERRETT TO TABLE BROADBAND LETTER OF INTENT WITH ADVANCED TECHNOLOGY GROUP UNTIL JANUARY 10, 2017. UNANIAMOULSY APPROVED

OLD BUSINESS

STAFF REPORTS

MOTION TO ADJOURN

MOTIONED BY COMMISSIONER UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM TO BE ADJOURN. UNANIAMOUSLY APPROVED

MINUTES APPROVED THIS	DAY OF January, 2017
CHAIRMAN, JODD ADAMS	VICE CHAIRMAN, BERTHA KELLY
UNZELL KELLEY	Landall Dunham RANDALL DUNHAM