

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

Administrator: 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

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Self

Jerry

Social Security # _____

Employee/Payroll # _____

Dept. Road

Address _____

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

☐ Part-Time Temporary ☐ Other _____

Job Title Foreman

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1541</u>	<u>1591</u>	<u>50% raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other _____

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Hearing approved

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name KellyCharlesE

Social Security # _____

Employee/Payroll # _____

Dept. Road

Address _____

Telephone # () _____

Date of Birth (for administrative use only) _____

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

Job Title _____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12²⁵</u>	<u>12²⁵</u>	<u>50¢ ph</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave _____

Return from Leave _____

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

Separation

Separation Date _____

Last Day Worked _____

Last Day Paid _____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on _____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage _____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commissioner 9/27/16 Budget Hearing approval

Employee Signature (Optional) _____

Name and Title _____

Date _____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date _____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date _____

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ATTORNEY

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____

Effective Date of Change 10/1/14

☐ New Hire

☒ Change

☐ Separation

Employee Name Bullard

James

C

Social Security # _____

Employee/Payroll # _____

Dept. Road

Address _____

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

☐ Part-Time Temporary

☐ Other _____

Job Title Manager Bridge

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>14.00</u>	<u>14.50</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other _____

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name EzekielTimothy

Social Security # _____

Employee/Payroll # _____

Dept. Road

Address _____

Street

City

State

ZIP Code

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary ☐ Other _____Job Title _____ ☐ Exempt☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.33</u>	<u>11.83</u>	<u>50+ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commissioner 9/12/16 Budget Heavy Approval

Employee Signature (Optional) _____

Name and Title

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/14 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Dennis Terry F
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title Landfill ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12.25</u>	<u>13.00</u>	<u>50¢ ph. raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approval by Commissioner 9/27/14 - Budget Hearings Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☒ Routing ☒ Payroll

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Robinson

Terry

Social Security # _____

Employee/Payroll # _____

Dept. Road

Address _____

Telephone # () _____

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

Date of Birth (for administrative use only) ____/____/____

Job Title _____

☐ Exempt

☐ Part-Time Temporary

☐ Other

☐ Non-Exempt ☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.33</u>	<u>11.83</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approval by Commission 9/27/16 Budget Hearing Approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Hordnen Jimmy
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. Food

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☒ Full-Time ☒ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>8²⁵</u>	<u>8⁵⁰</u>	<u>25¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approved by Commission 9/27/16 Budget Heavy

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll

Effective Date of Change 10/1/14☐ New Hire☒ Change☐ SeparationEmployee Name BaxleyFenley

Social Security # _____

Employee/Payroll # _____

Dept. Recd.

Address _____

Telephone # () _____

Street

City

State

ZIP Code

Date of Birth (for administrative use only) ____/____/____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12.86</u>	<u>13.36</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commissioner 9/27/14 Budget Hearing approved

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Simmons Victor
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.33</u>	<u>11.83</u>	<u>50¢ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

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

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

Additional Comments Approved by Commissioner 9/27/16 Budget Hearing Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

Outing

☒ Payroll☐☐Effective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name Evans, JRWilliamAubrey

Last

First

Middle

Social Security # _____

Employee/Payroll # _____

Dept. Road

Address _____

Street

City

State

ZIP Code

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

Job Title _____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.03</u>	<u>11.53</u>	<u>50% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commission 9/27/16 Budget leaving approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ ☐ ☐
 Effective Date of Change 10/1/14 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Guthray Carl Load
 Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
 Telephone # (____) _____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12th</u>	<u>13th</u>	<u>50¢/ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

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

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

Additional Comments Approved by Commission 9/27/14 Budget Meeting Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll ☐ _____ ☐ _____

Effective Date of Change 10/1/14 ☐ New Hire ☒ Change ☐ Separation

Employee Name Neighbors Phillip ☐ Change ☐ Separation

Social Security # _____ Employee/Payroll # _____ Dept. Road

Address _____

Telephone # () _____

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

Job Title Asst. Engineer ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>2873</u>	<u>2923</u>	<u>50+ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence Begin Leave _____ Return from Leave _____

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

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

Separation Separation Date _____ Last Day Worked _____ Last Day Paid _____

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on _____

Election of COBRA ☐ Yes ☐ No Start Date of Coverage _____

If yes, describe type of coverage elected: _____

Additional Comments Appraisal by Commissioner 9/27/14 Budget Hearing Approval

Employee Signature (Optional) _____ Date _____

Supervisor/Designated Manager Signature _____ Date _____

Human Resources/Payroll Manager Signature _____ Date _____

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/14 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Goff Stephannie
 Social Security # _____ Employee/Payroll # _____ Dept. Road

Address _____
 Telephone # () _____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other
 Job Title clerk ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12.59</u>	<u>13.96</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approved by Commission 9/27/14 Budget Hearing approved

Employee Signature (Optional) _____ Date / /
 Supervisor/Designated Manager Signature _____ Date / /
 Human Resources/Payroll Manager Signature _____ Date / /

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____

Effective Date of Change 10/1/14

☐ New Hire

☒ Change

☐ Separation

Employee Name Moore

Gregory

Social Security # _____

Employee/Payroll # _____

Dept. Road

Address _____

Telephone # () _____

Street

City

State

ZIP Code

Date of Birth (for administrative use only) ____/____/____

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

☐ Part-Time Temporary ☐ Other

Job Title _____ ☐ Exempt

☐ Non-Exempt ☐ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>10⁰⁷</u>	<u>10⁵⁷</u>	<u>50% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commissioner 9/27/14 Budget Review Approved

Employee Signature (Optional) _____

Name and Title

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/14

☐ New Hire

☒ Change

☐ Separation

Employee Name Rutten

Michael

Social Security #

Employee/Payroll #

Dept.

Road

Address

Telephone # ()

Date of Birth (for administrative use only) / /

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

☐ Part-Time Temporary ☐ Other

Job Title

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1021</u>	<u>1021</u>	<u>50%ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / /

Return from Leave / /

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date / /

Last Day Worked / /

Last Day Paid / /

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected:

Additional Comments Approved by Commission 9/27/14 Budget Hearing approval

Employee Signature (Optional)

Name and Title

Date / /

Supervisor/Designated Manager Signature

Name and Title

Date / /

Human Resources/Payroll Manager Signature

Name and Title

Date / /

Payroll/Status Change Notice

Please Print

☒ Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Williams Otis
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. Road

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☐ Full-Time ☒ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title Laborer ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input type="checkbox"/> Salary/Wage	<u>9.99</u>	<u>10.24</u>	<u>25¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

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

Separation

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

Additional Comments Approved by Commission 9/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ ☐ ☐

Effective Date of Change 16 / 1 / 14 ☐ New Hire ☒ Change ☐ Separation

Employee Name Jackson Maury Road
Last First Middle

Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
Street City State ZIP Code

Telephone # () _____

Date of Birth (for administrative use only) ____ / ____ / ____

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

Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>896</u>	<u>946</u>	<u>500 ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence Begin Leave ____ / ____ / ____ Return from Leave ____ / ____ / ____

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

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

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

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on ____ / ____ / ____

Election of COBRA ☐ Yes ☐ No Start Date of Coverage ____ / ____ / ____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commissioner 9/27/14 Budget leaving approved

Employee Signature (Optional) _____ Date ____ / ____ / ____
Name and Title

Supervisor/Designated Manager Signature _____ Date ____ / ____ / ____
Name and Title

Human Resources/Payroll Manager Signature _____ Date ____ / ____ / ____
Name and Title

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/2016

☐ New Hire

☒ Change

☐ Separation

Employee Name Brown William Todd

Social Security # _____ Employee/Payroll # _____ Dept. Maint.

Address _____
Telephone # () _____
Date of Birth (for administrative use only) _____

Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other
Job Title Maint. Supervisor ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>15.53</u>	<u>16.03</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

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

Separation

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

Additional Comments Approved by Commission 9/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____ Date _____
Supervisor/Designated Manager Signature _____ Date _____
Human Resources/Payroll Manager Signature _____ Date _____

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Borden Anthony
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. Road

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☐ Full-Time ☒ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title Laborer ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>724</u>	<u>729</u>	<u>25th ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approval by Commissioner 9/27/16 Budget clearly approved

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☒ Routing ☒ Payroll
Effective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name HillAgatha

Social Security # _____

Employee/Payroll # _____

Dept. Commission

Address _____

Telephone # () _____

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

Date of Birth (for administrative use only) ____/____/____

Job Title AIR☐ Exempt☐ Part-Time Temporary☐ Other☐ Non-Exempt ☒ Hourly

W-4 Attached?

☐ Yes☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.71</u>	<u>12.00</u>	<u>3% raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA

☐ Yes☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commission 9/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____

Name and Title

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ ☐ ☐
 Effective Date of Change 10/1/2016 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Wooten Elda Mae
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. Maint.

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title Custodian ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>8⁴⁵ ph.</u>	<u>8⁷⁰ ph.</u>	<u>25% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

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

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

Additional Comments Approved by Commission - 9/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☒ Routing ☒ Payroll
Effective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name StroudMaggieE

Social Security # _____

Employee/Payroll # _____

Dept. Probate

Address _____

Telephone # () _____

Street

City

State

ZIP Code

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

Date of Birth (for administrative use only) ____/____/____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>10.01</u>	<u>11.02</u>	<u>75¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commission 9/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____

Name and Title

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Morton

Natalie

Social Security # _____

Employee/Payroll # _____

Dept. Commission

Address _____

Street

City

State

ZIP Code

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

☐ Part-Time Temporary ☐ Other

Job Title A/P Payroll

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>12.71</u>	<u>13.09</u>	<u>3% raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other _____

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commission 9/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____

Name and Title

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title

Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Lipscomb Timothy
 Social Security # _____ Employee/Payroll # _____ Dept. 50

Address _____
 Telephone # () _____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13²⁸</u>	<u>13⁴⁸</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approved by Commission 9/27/16 Budget Meeting Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ ☐ ☐

Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation

Employee Name Blocker Sheila

Social Security # _____ Employee/Payroll # _____ Dept. Probate

Address _____

Telephone # () _____

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

Job Title Tag Clerk ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>10.58</u>	<u>11.33</u>	<u>75¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence Begin Leave ____/____/____ Return from Leave ____/____/____

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

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

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

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 11/27/16 - Budget Hearing Approval

Employee Signature (Optional) _____ Date ____/____/____

Supervisor/Designated Manager Signature _____ Date ____/____/____

Human Resources/Payroll Manager Signature _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Outing ☒ Payroll
Effective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name Davidson Joseph

Last

First

Middle

Social Security # _____ Employee/Payroll # _____ Dept. 50

Address _____

Telephone # () _____ Date of Birth (for administrative use only) _____

Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>16.50</u>	<u>17.00</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave _____ Return from Leave _____

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

Separation

Separation Date _____ Last Day Worked _____ Last Day Paid _____

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

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Hearing Approval

Employee Signature (Optional) _____ Name and Title _____ Date _____

Supervisor/Designated Manager Signature _____ Name and Title _____ Date _____

Human Resources/Payroll Manager Signature _____ Name and Title _____ Date _____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Moore Bradley
Last First Middle

Social Security # _____ Employee/Payroll # _____ Dept. 50

Address _____
Street City State ZIP Code

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

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

Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.53</u>	<u>13.73</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / / Return from Leave / /

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

Separation

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

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

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

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Meeting Approval

Employee Signature (Optional) _____ Name and Title _____ Date / /

Supervisor/Designated Manager Signature _____ Name and Title _____ Date / /

Human Resources/Payroll Manager Signature _____ Name and Title _____ Date / /

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll
Effective Date of Change 10/1/16Employee Name Harmon☐ New Hire☒ Change☐ SeparationSocial Security # _____ Employee/Payroll # _____ Dept. 50

Address _____

Telephone # () _____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>14.50</u>	<u>14.80</u>	<u>30¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

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

Separation

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

 Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

 Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Thomas

Slusla

Social Security #

Employee/Payroll #

Dept. SO

Address

Telephone # ()

Date of Birth (for administrative use only) / /

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

☐ Part-Time Temporary

☐ Other

Job Title ☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached?

☐ Yes

☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13⁰⁰</u>	<u>13⁵⁰</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave

Return from Leave

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date

Last Day Worked

Last Day Paid

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected:

Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional)

Name and Title

Date / /

Supervisor/Designated Manager Signature

Name and Title

Date / /

Human Resources/Payroll Manager Signature

Name and Title

Date / /

Payroll/Status Change Notice

Please Print

☐outing ☒ Payroll ☐ _____ ☐ _____

Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation

Employee Name Jones Joshua ☐ _____

Social Security # _____ Employee/Payroll # _____ Dept. SO

Address _____ Street _____ City _____ State _____ ZIP Code _____

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.28</u>	<u>13.48</u>	<u>20 kph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence Begin Leave ____/____/____ Return from Leave ____/____/____

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

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

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

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____

Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____

Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll

Effective Date of Change

10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name

Kudd

Michael

Social Security #

Employee/Payroll #

Dept.

50

Address

Telephone # ()

Street

City

State

ZIP Code

Status:

☒ Full-Time

☐ Part-Time

☐ Full-Time Temporary

Date of Birth (for administrative use only) / /

☐ Part-Time Temporary

☐ Other

Job Title

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached?

☐ Yes

☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13 th	13 th	204 ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / /

Return from Leave / /

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date / /

Last Day Worked / /

Last Day Paid / /

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected:

Additional Comments *Approved by Commission 9/27/16 Budget Heavy Approval*

Employee Signature (Optional)

Name and Title

Date / /

Supervisor/Designated Manager Signature

Name and Title

Date / /

Human Resources/Payroll Manager Signature

Name and Title

Date / /

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Smith Taxon
 Social Security # _____ Employee/Payroll # _____ Dept. SO

Address _____
 Telephone # () _____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13²⁵</u>	<u>13⁴⁸</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approved by Commission 9/27/16 Budget Meeting Approval

Employee Signature (Optional) _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

outing ☒ PayrollEffective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name ThornforJamie

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Telephone # () _____

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

Date of Birth (for administrative use only) _____ / _____ / _____

☐ Part-Time Temporary☐ Other _____

Job Title _____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1185</u>	<u>1205</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave _____ / _____ / _____

Return from Leave _____ / _____ / _____

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

Separation

Separation Date _____ / _____ / _____

Last Day Worked _____ / _____ / _____

Last Day Paid _____ / _____ / _____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on _____ / _____ / _____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage _____ / _____ / _____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional) _____

Name and Title _____

Date _____ / _____ / _____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date _____ / _____ / _____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date _____ / _____ / _____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

Employee Name House

☐ New Hire

Matthew

☒ Change

Shene

☐ Separation

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Telephone # () _____

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

Date of Birth (for administrative use only) ____/____/____

Job Title _____

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>13.25</u>	<u>13.45</u>	<u>20% pk raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other _____

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commission 9/27/16 Budget clearly approved

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll

Effective Date of Change

10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name

Keele

Franklin

Social Security #

Employee/Payroll #

Dept.

Address

Telephone # ()

Street

City

State

ZIP Code

Date of Birth (for administrative use only) / /

Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary☐ Part-Time Temporary☐ OtherJob Title ☐ Exempt☐ Non-Exempt ☒ Hourly

W-4 Attached?

☐ Yes☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	13.50	13.80	304 ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / /

Return from Leave / /

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

Separation

Separation Date / /

Last Day Worked / /

Last Day Paid / /

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA

☐ Yes☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected:

Additional Comments

Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional)

Name and Title

Date / /

Supervisor/Designated Manager Signature

Name and Title

Date / /

Human Resources/Payroll Manager Signature

Name and Title

Date / /

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Mull

Mike

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

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	1540	1560	50¢ ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other _____

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll
Effective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name Mc AnnallyMary

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Telephone # () _____

Street

City

State

ZIP Code

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

Date of Birth (for administrative use only) ____/____/____

☐ Part-Time Temporary☐ Other

Job Title _____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	11.41	11.61	20% ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Ebert Charles
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.45</u>	<u>11.85</u>	<u>20% phraise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

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Payroll/Status Change Notice

Please Print

outing ☒ PayrollEffective Date of Change 10/1/16☐ New Hire☒ Change☐ SeparationEmployee Name PriceMichael

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Street

City

State

ZIP Code

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.41</u>	<u>11.61</u>	<u>20% pk raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Meeting Approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change

10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name

Patterson

Rhonda

Social Security #

Employee/Payroll #

Dept.

Address

Telephone # ()

Status:

☒ Full-Time

☐ Part-Time

☐ Full-Time Temporary

☐ Part-Time Temporary

☐ Other

Job Title

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached?

☐ Yes

☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	11¢	11¢	20¢ ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave

Return from Leave

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date

Last Day Worked

Last Day Paid

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage

If yes, describe type of coverage elected:

Additional Comments

Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional)

Name and Title

Date

Supervisor/Designated Manager Signature

Name and Title

Date

Human Resources/Payroll Manager Signature

Name and Title

Date

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Cannon

Lisa

Social Security #

Employee/Payroll #

Dept.

Address

Telephone # ()

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

Date of Birth (for administrative use only) / /

☐ Part-Time Temporary ☐ Other

Job Title

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached?

☐ Yes

☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	114	116	204 ph false
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / /

Return from Leave / /

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date / /

Last Day Worked / /

Last Day Paid / /

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected:

Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional)

Name and Title

Date / /

Supervisor/Designated Manager Signature

Name and Title

Date / /

Human Resources/Payroll Manager Signature

Name and Title

Date / /

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

Employee Name Royal

☐ New Hire

☒ Change

☐ Separation

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Street

City

State

ZIP Code

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

☐ Part-Time Temporary ☐ Other

Job Title _____ ☐ Exempt

☐ Non-Exempt ☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1108</u>	<u>1128</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other _____

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Hearing Approval

Employee Signature (Optional) _____

Name and Title

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title

Date ____/____/____

Payroll/Status Change Notice

Please Print

☒ Routing ☒ Payroll

Effective Date of Change

10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name

Davenport

Trenton

Social Security #

Employee/Payroll #

Dept.

Address

Telephone # ()

Street

City

State

ZIP Code

Status:

☒ Full-Time

☐ Part-Time

☐ Full-Time Temporary

Date of Birth (for administrative use only) / /

☐ Part-Time Temporary

☐ Other

Job Title

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached?

☐ Yes

☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	11.08	11.28	20% ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave

Return from Leave

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date

Last Day Worked

Last Day Paid

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage

If yes, describe type of coverage elected:

Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional)

Name and Title

Date / /

Supervisor/Designated Manager Signature

Name and Title

Date / /

Human Resources/Payroll Manager Signature

Name and Title

Date / /

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

Employee Name Smith Jr.

☐ New Hire

☒ Change

☐ Separation

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11⁰⁵</u>	<u>11²⁸</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / / Return from Leave / /

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

Separation

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

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

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

If yes, describe type of coverage elected:

Additional Comments Approved by Commission 9/27/16 Budget Hearing Approval

Employee Signature (Optional) _____ Date / /

Supervisor/Designated Manager Signature _____ Date / /

Human Resources/Payroll Manager Signature _____ Date / /

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Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll ☐ _____ ☐ _____

Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation

Employee Name Podoll William _____

Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____ Street _____ City _____ State _____ ZIP Code _____

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1168</u>	<u>1128</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence Begin Leave ____/____/____ Return from Leave ____/____/____

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

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

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

☐ Voluntary Separation ☐ Involuntary Separation Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Meeting Approval

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____

Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____

Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Williams

Slade

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

☐ Non-Exempt

☒ Hourly

W-4 Attached?

☐ Yes

☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>11.05</u>	<u>11.28</u>	<u>20% ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave

Return from Leave

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date

Last Day Worked

Last Day Paid

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage

If yes, describe type of coverage elected:

Additional Comments Approved by Commission 9/27/16 Budget Hearing Approval

Employee Signature (Optional)

Name and Title

Date

Supervisor/Designated Manager Signature

Name and Title

Date

Human Resources/Payroll Manager Signature

Name and Title

Date

Payroll/Status Change Notice

Please Print

☒ Routing ☒ Payroll
Effective Date of Change 10/1/14Employee Name Buttman☐ New Hire☒ Change☐ Separation

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Telephone # () _____

Street

City

State

ZIP Code

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

Date of Birth (for administrative use only) ____/____/____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>10⁰⁰</u>	<u>10²⁰</u>	<u>204 phraise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Commission Meeting Approval of Budget 9/27

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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ATTORNEY
APPROVED

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Barnes David
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☐ Full-Time ☒ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	10 th	10 ³⁰	26 th ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approved by Commission 9/27/16 Budget Heavy Approval

Employee Signature (Optional) _____ Date ____/____/____
Name and Title
 Supervisor/Designated Manager Signature _____ Date ____/____/____
Name and Title
 Human Resources/Payroll Manager Signature _____ Date ____/____/____
Name and Title

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Hayes

Lynn

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Telephone # () _____

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

Date of Birth (for administrative use only) ____/____/____

☐ Part-Time Temporary ☐ Other _____

Job Title _____

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>16.85</u>	<u>17.35</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

☐ Educational

☐ Short-Term Disability

☐ Personal

☐ Long-Term Disability

☐ Family/Medical Leave (Including Pregnancy)

☐ Other _____

Separation

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 Heavy Approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Larmon Melvin
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☐ Full-Time ☒ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	10 ⁰⁵	10 ²²	20% ph raise
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

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

Separation

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

Additional Comments

Commission Meeting Approval of Budget on 9/21

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2016☐ New Hire☒ Change☐ SeparationEmployee Name SellerLester

Social Security # _____

Employee/Payroll # _____

Dept. BOR

Address _____

Telephone # () _____

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

Date of Birth (for administrative use only) _____ / _____ / _____

Job Title _____ ☐ Exempt☐ Part-Time Temporary ☐ Other _____W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>\$60⁰⁰ per day</u>	<u>\$75⁰⁰ per day</u>	<u>Act #2016-311</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave _____ / _____ / _____ Return from Leave _____ / _____ / _____

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

Separation

Separation Date _____ / _____ / _____

Last Day Worked _____ / _____ / _____

Last Day Paid _____ / _____ / _____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on _____ / _____ / _____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage _____ / _____ / _____

If yes, describe type of coverage elected: _____

Additional Comments

Employee Signature (Optional) _____

Supervisor/Designated Manager Signature _____

Name and Title

Budget Richard Administrator

Date _____ / _____ / _____

Human Resources/Payroll Manager Signature _____

Name and Title

Date _____ / _____ / _____

Payroll/Status Change Notice

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/2016☐ New Hire☒ Change☐ SeparationEmployee Name PressleyCarla

Social Security # _____

Employee/Payroll # _____

Dept. BOR

Address _____

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

Job Title _____

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	\$60.00 per day	\$75.00 per day	Act 2016-311
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

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

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Employee Signature (Optional) _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Budget & AdminDate 10/1/16

Human Resources/Payroll Manager Signature _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

☒ Routing

☒ Payroll

Effective Date of Change 10/1/16

☐ New Hire

☒ Change

☐ Separation

Employee Name Muller

Dubbie

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address _____

Telephone # () _____

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

Date of Birth (for administrative use only) ____/____/____

☐ Part-Time Temporary ☐ Other _____

Job Title _____

☐ Exempt

☐ Non-Exempt

☒ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1206</u>	<u>1306</u>	<u>100 ph. raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

☐ Educational

☐ Short-Term Disability

Begin Leave ____/____/____

Return from Leave ____/____/____

☐ Personal

☐ Long-Term Disability

☐ Family/Medical Leave (Including Pregnancy)

☐ Other _____

Separation

☐ Voluntary Separation

☐ Involuntary Separation

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

Notice of COBRA Rights Provided on ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments Approved by Commission 9/27/16 Budget Meeting Approval

Employee Signature (Optional) _____

Name and Title _____

Date ____/____/____

Supervisor/Designated Manager Signature _____

Name and Title _____

Date ____/____/____

Human Resources/Payroll Manager Signature _____

Name and Title _____

Date ____/____/____

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Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____
 Effective Date of Change 10/1/16 ☐ New Hire ☒ Change ☐ Separation
 Employee Name Shaw Valenue
Last First Middle
 Social Security # _____ Employee/Payroll # _____ Dept. _____

Address _____
Street City State ZIP Code
 Telephone # () _____
 Date of Birth (for administrative use only) ____/____/____
 Status: ☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other
 Job Title _____ ☐ Exempt ☐ Non-Exempt ☒ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>1254</u>	<u>1324</u>	<u>50¢ ph raise</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

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

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

Additional Comments Approved by Commission 9/27/16 Budget Meeting Approved

Employee Signature (Optional) _____ Name and Title _____ Date ____/____/____
 Supervisor/Designated Manager Signature _____ Name and Title _____ Date ____/____/____
 Human Resources/Payroll Manager Signature _____ Name and Title _____ Date ____/____/____

Payroll/Status Change Notice

Please Print

☐ Routing ☒ Payroll

Effective Date of Change

9/23/2016

☐ New Hire

☒ Change

☐ Separation

Employee Name

Oden

Brenda

Social Security #

Employee/Payroll #

Dept

Senior Center - Rockford

Address

Telephone # ()

Date of Birth (for administrative use only) / /

ZIP Code

☒ Full-Time ☐ Part-Time ☐ Full-Time Temporary

☐ Part-Time Temporary

☐ Other

Job Title Senior Center Manager

☐ Exempt

☒ Non-Exempt

☐ Hourly

W-4 Attached?

☐ Yes

☒ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input checked="" type="checkbox"/> Job Title	Temp Helper	Manager - RSC	per Comm vote 9/22/16
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	\$8.50 ph	\$11.21 40 Monthly	
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / /

Return from Leave / /

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date / /

Last Day Worked / /

Last Day Paid / /

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA

☐ Yes

☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected:

Additional Comments

Employee Signature (Optional)

Supervisor/Designated Manager Signature

Budget ID. Graham, Administrator

Date / /

Date 09/23/16

Human Resources/Payroll Manager Signature

Name and Title

Date / /

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

ATTORNEY

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll

Effective Date of Change 10/1/16

Employee Name Reichert

☐ New Hire

☒ Change

☐ Separation

Social Security #

Employee/Payroll #

Dept. BOR

Address

Telephone # ()

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

Date of Birth (for administrative use only) / /

Job Title ☐ Exempt

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

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input checked="" type="checkbox"/> Salary/Wage	<u>\$600⁰⁰ per day</u>	<u>\$750⁰⁰ per day</u>	<u>Act 2016-311</u>
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave / / Return from Leave / /

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other

Separation

Separation Date / /

Last Day Worked / /

Last Day Paid / /

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on / /

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage / /

If yes, describe type of coverage elected:

Additional Comments

Employee Signature (Optional)

Supervisor/Designated Manager Signature

Budget Admin Administrator

Human Resources/Payroll Manager Signature

Date / /

Date 10/1/16

Date / /

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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 BERTHA KELLY TO APPROVE THE AGENDA. UNANIMOUSLY APPROVED

READING OF MINUTES

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY UNZELL KELLEY OF DISPENSE READING OF MINUTES. UNANIMOUSLY 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. UNANIMOUSLY APPROVED

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

2793

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) UNANIMOUSLY APPROVED.



JULIE P. MAGEE
Commissioner

**State of Alabama
Department of Revenue**

(www.revenue.alabama.gov)
50 North Ripley Street
Montgomery, Alabama 36132

September 20, 2016

JOE W. GARRETT, JR.
Deputy Commissioner
CURTIS E. STEWART
Deputy Commissioner
BRENDA R. COONE
Deputy Commissioner
MICHAEL D. GAMBLE
Deputy Commissioner

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 Holiday**

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.robbs@revenue.alabama.gov

QUESTIONS: 334-353-8044

RECEIVED
COOSA COMMISSION

SEP 22 2016
PO BOX 10

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

Chairman
Rusty Mascari

Vice Chairman
Melvin Palmer

Treasurer
Ida James

F
I
R
E



SHERIFF

POLICE

E
M
S

**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 _____
2. Dist. 2 _____
3. Dist. 3 _____
4. Dist. 4 _____
5. Dist. 5 _____
6. Goodwater PD _____
7. Sheriff Office _____

Respectfully Submitted:

Rusty Mascari

Chairman of the E-911 Board

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY RANDALL DUNHAM APPROVAL TO
SELL SHERIFF ASSET #400061, DECAL 290, 2001 F150 ON GOV. DEALS. UNANIMOUSLY APPROVED

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.

2795
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 8TH COMMISSION MEETING. UNANIMOUSLY APPROVED.

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

Judd J. Almon

Betha Kelly

Randall Dunham

Paul Perrett

Umzell Kelley

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.
 UNANIMOUSLY APPROVED

GLMGBA01 ACCTCY

FIXED ASSETS INVENTORY DATA ENTRY

GLWGBA01/A2

Asset Number 700065 Affiliated Asset No _____ Status U
 Tag Decal No 0000000664 Cond U (Good, Satisf, Unsat)

Asset Type 60 COMPUTER HARDWARE
 Class 6 Other Furniture and Equipment

Location Cd 11 PROPERTY REAPPRAISAL
 Fund 120 REAPPRASIAL UPDATE FUND

Department 51800 REAPPRASIAL MAINT

Cost 4900.00 Check No _____ Purchase Order No _____

Purchase From DELL PO Line No _____

Purchase Date 5 / 10 / 2007 Serial No _____

Description Model No _____

DELL PRECISION 690 MINI-TOWER Manufacturer DELL

DUAL CORE XEON PRO 5120 Warranty Expires ____ / ____ / ____

(UNDER DEBRA L'S DESK) Warranty Note _____

Disposition Date Disposed 10 / 11 / 2016

LAND FILL Minute Book ____ Page ____

License _____ Expires ____ / ____ / ____

Insurance

Added 8 / 29 / 2007 by LENA Changed 3 / 9 / 2017 by AGATHA

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F1 TYPES, F2 LOCATIONS, F3 FUNDS, F4 DEPTS F5-ADDENDUM F6-ALLOCATION

GLMGBA01 ACCTCY

FIXED ASSETS INVENTORY DATA ENTRY

GLWGBA01/A2

Asset Number 400257 Affiliated Asset No _____

Status U

Tag Decal No 0000000464

Cond U (Good, Satisf, Unsat)

Asset Type 50 FURNITURE- OFFICE EQUIPT

Class 6 Other Furniture and Equipment

Location Cd 10 REVENUE COMMISSIONER

Fund 001 GENERAL FUND

Department 51600 REVENUE COMMISSIONER

Cost 89.00 Check No _____

Purchase Order No _____

Purchase From _____

PO Line No _____

Purchase Date 6 / / 1995

Serial No _____

8066652

Description

Model No _____

SHARP ADDING MACHINE

Manufacturer _____

COLLECTOR COUNTER

Warranty Expires / /

Warranty Note _____

Disposition

Date Disposed 10 / 11 / 2016

LAND FILL

Minute Book Page

License _____

Expires / /

Insurance

Added 4 / 28 / 2004 by LENA

Changed 3 / 9 / 2017 by AGATHA

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F1 TYPES, F2 LOCATIONS, F3 FUNDS, F4 DEPTS F5-ADDENDUM F6-ALLOCATION

2797

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

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY TO TABLE LMAEDA BOARD APPOINTMENT. UNANIMOUSLY 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 PREMIUM TO BE PAID BY EMPLOYEES RECEIVING THE BENEFIT. UNANIMOUSLY 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

Enclosures

RECEIVED
COMMISSION

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. UNANIMOUSLY 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. UNANIMOUSLY APPROVED

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

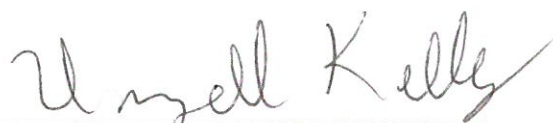
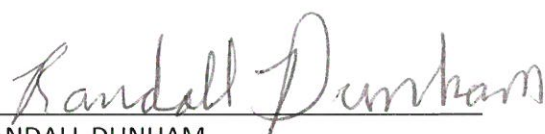
MINUTES APPROVED THIS

8th

DAY OF

November

, 2016.


CHAIRMAN, TODD ADAMS
VICE CHAIRMAN, BERTHA KELLY
UNZELL KELLEY
RANDALL DUNHAM
PAUL PERRETT

**NO AGENDA FOR
OCTOBER 25, 2016**

MINUTES

COOSA COUNTY COMMISSION

OCTOBER 25, 2016

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. UNANIMOUSLY APPROVED

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

RECESS UNTIL SEPTEMBER 27, 2016

MINUTES APPROVED THIS 8th DAY OF November, 2016.

Todd J. Adams
CHAIRMAN, TODD J. ADAMS

Bertha Kelly
VICE CHAIRMAN, BERTHA KELLY

Unzell Kelley
UNZELL KELLEY

Randall Dunham
RANDALL DUNHAM

Paul Perrett
PAUL PERRETT

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.
- (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

Please Print

Routing ☒ PayrollEffective Date of Change 10/1/14 & 10/11/14 ☐ New Hire☒ Change☐ SeparationEmployee Name Royal RodneySocial Security # _____ Employee/Payroll # _____ Dept. Jail

Address _____

Telephone # () _____ Date of Birth (for administrative use only) ____/____/____

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other _____Job Title _____ ☐ Exempt ☐ Non-Exempt ☐ Hourly W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input type="checkbox"/> Salary/Wage	<u>11.00</u>	<u>11.61</u>	<u>13% probation release</u>
<input type="checkbox"/> Separation			<u>20% raise as approved.</u>
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence

Begin Leave ____/____/____ Return from Leave ____/____/____

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

Separation

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

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

If yes, describe type of coverage elected: _____

Additional Comments Rodney completed extended probation resulting in 33% to base 10/1/14
and received 20% raise as approved by commission 9/24/14 effective 10/1/14

Employee Signature (Optional) _____ Date ____/____/____

Name and Title

Supervisor/Designated Manager Signature _____ Date ____/____/____

Name and Title

Human Resources/Payroll Manager Signature _____ Date ____/____/____

Name and Title

Coosa County Commission

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

Donald Wayne Eason
COUNTY ENGINEER

RANDALL DUNHAM
DISTRICT NO. 1
BERTHA KELLY
DISTRICT NO. 2

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

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. UNANIMOUSLY APPROVED

READING OF MINUTES

MOTIONED BY COMMISSIONERS RANDALL DUNHAM AND SECONDED BY PAUL PERRETT 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, STATUS. UNANIMOUSLY APPROVED

NEW BUSINESS

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

2802

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.
 UNANIMOUSLY APPROVED

GLMGBA01 ACCTCY

FIXED ASSETS INVENTORY DATA ENTRY

GLWGBA01/A2

Asset Number 700426 Affiliated Asset No _____ Status U
 Tag Decal No 0000000990 Cond U (Good, Satisf, Unsat)

Asset Type 580 KITCHEN EQUIP-APPLIANCES
 Class 6 Other Furniture 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

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 F1 TYPES, F2 LOCATIONS, F3 FUNDS, F4 DEPTS F5-ADDENDUM F6-ALLOCATION

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

Sample
Documents Only
RDS
revenue discovery systems
- contact will be for 1 year

*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 made as of the ____ day of _____ 2016, by and between PRA Government Services, LLC d/b/a RDS ("RDS") and Coosa County, an Alabama County ("COUNTY").

A. Remittance Processing Services

1. Taxes Processed: RDS will perform remittance processing for sales and use taxes as designated by COUNTY.
2. 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.
3. 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 **Exhibit A**.
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:
 - i. 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
 - iv. 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

1. 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.
2. Compliance with laws: Each Party accepts responsibility for its compliance with federal, state, or local laws and regulations.
3. 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.
4. 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.

1. 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);
3. 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.
 - b. 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;

- i. Audit Time: Time billed during the actual audit stage of each audit is billed according to actual time spent working for each client;
 - ii. 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.
20. Effective Date: The effective date for the performance of services under the terms of this agreement shall commence _____ 1, 2017 with collection of _____ taxes to be remitted on or before _____ 20, 2017.

IN WITNESS WHEREOF, the parties hereto as of the date first above written have duly executed this Agreement.

PRA GOVERNMENT SERVICES, LLC
D/B/A RDS

Coosa County

By: _____
 Its: SVP, Operations

By: _____
 Its: _____

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:

Tax Type	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

I have reviewed the above distribution and verify that it is correct.

By:

Name:

Kennon Walthall
RDS SVP, Operations

Title:

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
UNANIAMOULSY APPROVED

806

MOTIONED BY COMMISSIONERS TODD ADAMS AND SECONDED BY RANDALL DUNHAM TO APPROVE
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.

Coosa County Commission

Governing Body

Todd J. Adams
Chairman

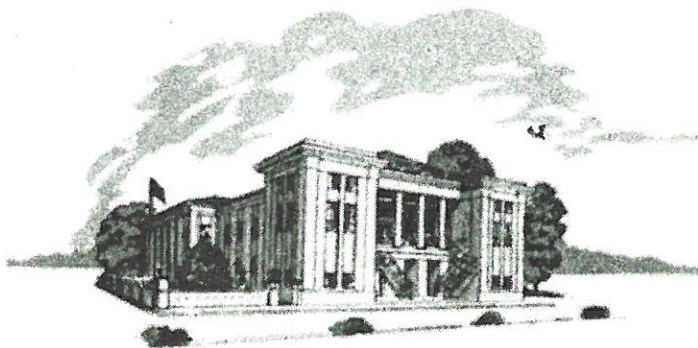
Randall Dunham
Member

Bethan Kelly
Member

Unzell Kelley
Member

Paul J. Smith
Member

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. UNANIMOUSLY 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 3
 UNZELL KELLEY

DISTRICT 4
 PAUL PERRETT

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

UNZELL KELLEY

PAUL PERRETT

VICE CHAIRMAN, BERTHA KELLY

RANDALL DUNHAM

Todd J. Adams
Unzell Kelley
Paul Perrett

Bertha Kelly
Randall Dunham

OLD BUSINESS

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

MOTIONED BY COMMISSIONERS UNZELL KELLEY AND SECONDED BY BERTHA KELLY APPOINTING COMMISSIONER UNZELL KELLEY TO THE LAKE MARTIN AREA ECONOMIC DEVELOPMENT BOARD REPRESENTING THE COOSA COUNTY COMMISSIONERS. UNANIMOUSLY 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. UNANIMOUSLY 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. UNANIMOUSLY 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. UNANIMOUSLY APPROVED

MINUTES APPROVED THIS 13th DAY OF December, 2016.

Todd J. Adams
CHAIRMAN, TODD ADAMS

Bertha Kelly
VICE CHAIRMAN, BERTHA KELLY

Unzell Kelley
UNZELL KELLEY

Randall Dunham
RANDALL DUNHAM

Paul Perrett
PAUL PERRETT

2807

2807

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

Payroll/Status Change Notice

Please Print

Routing ☒ Payroll ☐ _____ ☐ _____

Effective Date of Change 12/9/2016

☐ New Hire

☐ Change

☐ Separation

Employee Name Yoder

Laurie

Social Security # _____

Employee/Payroll # _____

Dept. _____

Address Bice Road

Street

Sylacauga

City

AL

State

35151

ZIP Code

Telephone # () _____

Date of Birth (for administrative use only) ____/____/____

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

☐ Part-Time Temporary ☐ Other _____

Job Title _____ ☐ Exempt

☐ Non-Exempt ☐ Hourly

W-4 Attached? ☐ Yes ☐ No

Change(s) for Current Employee

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input checked="" type="checkbox"/> End of Introductory Period	<u>8/9/16</u>	<u>9/17/16</u>	<u>6 months probation successfully completed</u>
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reevaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input type="checkbox"/> Salary/Wage			
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Other _____			

Leave of Absence

Begin Leave ____/____/____

Return from Leave ____/____/____

☐ Educational

☐ Personal

☐ Family/Medical Leave (Including Pregnancy)

☐ Short-Term Disability

☐ Long-Term Disability

☐ Other _____

Separation

Separation Date ____/____/____

Last Day Worked ____/____/____

Last Day Paid ____/____/____

☐ Voluntary Separation

☐ Involuntary Separation

Notice of COBRA Rights Provided on ____/____/____

Election of COBRA ☐ Yes ☐ No

Start Date of Coverage ____/____/____

If yes, describe type of coverage elected: _____

Additional Comments

Employee Signature (Optional) _____

Supervisor/Designated Manager Signature _____

Budget Hickom Administrator

Name and Title

Name and Title

Human Resources/Payroll Manager Signature _____

Name and Title

Date ____/____/____

Date 12/09/16

Date ____/____/____

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ATTORNEY
APPROVED

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

MOTIONED 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

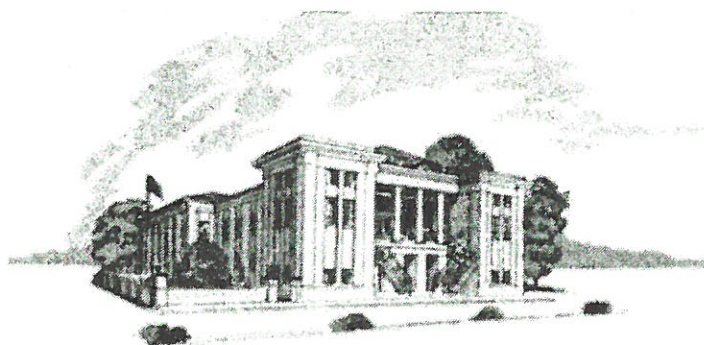
MOTION TO APPROVE CHANGES IN EMPLOYEES: JOB DESCRIPTION, SALARY, WORK HOURS, AND STATUS. UNANIMOUSLY APPROVED

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.

2809

MOTIONED 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. UNANIMOUSLY 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 3
UNZELL KELLEY

DISTRICT 4
PAUL PERRETT

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.

THEREFORE, Paul Perrett, a Commission member, make the motion and Bertha Kelly, a Commission member, seconded the motion that said resolution be approved, and said resolution passed by majority vote of the Coosa County Commission declared the Resolution so passed.

ADOPTED this 13th day of December, 2016

Todd J. Adams
Chairman

ATTEST:
Bridget H. Graham
County Clerk/Administrator

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

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. UNANIMOUSLY 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. UNANIMOUSLY APPROVED

OLD BUSINESS

STAFF REPORTS


MOTION TO ADJOURN


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

MINUTES APPROVED THIS 10th DAY OF January, 2017


CHAIRMAN, TODD ADAMS


VICE CHAIRMAN, BERTHA KELLY


UNZELL KELLEY


RANDALL DUNHAM


PAUL PERRETT