



Rachel Parker
Hill County Treasurer

EMPLOYEE WAGE/STATUS CHANGE

Employee Name: _____ Department Name: _____

1st Day of Work or Change Date _____

CHECK ONE:

NON- EXEMPT

OR

EXEMPT

- Regular Full Time
- Temporary Part Time
- Regular Part Time
- Regular Variable Hour _____ FT _____ PT (check FT or PT)
- Temporary Seasonal _____ FT _____ PT (check FT or PT)

- Regular Full Time

Hours per Week _____

Job Title _____

Hourly Wage \$ _____

Certification: _____ Monthly \$ _____

Certification: _____ Monthly \$ _____

Certification: _____ Monthly \$ _____

Specialized Skill: _____ Monthly \$ _____

Specialized Skill: _____ Monthly \$ _____

Specialized Skill: _____ Monthly \$ _____

Office Use Only:	
Convert to Hourly:	_____
Convert to Hourly:	_____
Convert to Hourly:	_____
Convert to Hourly:	_____
Convert to Hourly:	_____
Convert to Hourly:	_____

Total Hourly Wage: _____ **Total Bi-Weekly:** _____

Salary GL#: _____ -5- _____ - _____ (100-5-2101-2301 example)

TERMINATION (attach Letter of Resignation)

Last day of Physical Work: _____ Termination Date: _____

CHECK ONE:

- Resignation
- Dismissal
- Retirement
- Reduction in Force
- Death

COMMENTS (Reason for Change): _____

Elected Official/Department Head Date

Received by:

Treasurer/Date Auditor/Date

OFFICE USE ONLY:	EEO4 _____	EE #: _____
_____ State Employment Code	Sex _____	
	Race _____	
_____ Worker's Comp. Code	Cat _____	Current Hour Wage: _____
	Func _____	