

Hill County Treasurer

EMPLOYEE WAGE/STATUS CHANGE			
Employee Name:		D	Pepartment Name:
NEW HIRE/CHANGE 1st Day of Work or Change Date			_
CHECK ONE: NON- EXEMPT Regular Full Time Temporary Part Time Regular Part Time Regular Variable Hour Temporary Seasonal			
Hours per Week	(approximate)		
Step Grade		Job Ti	tle
Hourly \$		Bi-We	ekly \$
Salary GL#:5-	-		(100-5-2101-2301 example)
TERMINATION (attach Letter of Resignal Last day of Physical Work:CHECK ONE: Resignation		Termir	
☐ Retirement ☐ Dismissal COMMENTS (Reason for Change):	□ De	eath	
Elected Official/Department Head Received by:		Date	
Treasurer/Date		Audit	tor/Date
OFFICE USE ONLY: State Employment Code			Offer/Reason Code (line 14) Cost Tier Code (line 15) Section 49804 Code (line 16)

Worker's Comp. Code

Status Change Note