



Rhonda Burkhart
Hill County Treasurer

EMPLOYEE WAGE/STATUS CHANGE

Employee Name: _____ Department Name: _____

NEW HIRE/CHANGE

1st Day of Work or Change Date _____

CHECK ONE:

NON- EXEMPT

OR

EXEMPT

Regular Full Time _____

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)

Hours per Week _____ (approximate)

Step Grade _____

Job Title _____

Hourly Wage \$ _____

Bi-Weekly \$ _____

Salary GL#: _____ (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

Treasurer/Date

Auditor/Date

OFFICE USE ONLY:

_____ State Employment Code

EEO4

Sex _____

Race _____

_____ Worker's Comp. Code

Cat _____

Func _____

EE #: _____

Current Hourly Wage: _____