



**Rhonda Burkhart**  
Hill County Treasurer

**EMPLOYEE WAGE/STATUS CHANGE**

Employee Name: \_\_\_\_\_ Department Name: \_\_\_\_\_

1<sup>st</sup> 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: \_\_\_\_\_ Total \$ \_\_\_\_\_

Certification: \_\_\_\_\_ Total \$ \_\_\_\_\_

Certification: \_\_\_\_\_ Total \$ \_\_\_\_\_

Specialized Skill: \_\_\_\_\_ Total \$ \_\_\_\_\_

Specialized Skill: \_\_\_\_\_ Total \$ \_\_\_\_\_

Specialized Skill: \_\_\_\_\_ Total \$ \_\_\_\_\_

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

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