

NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

SECTION I. To be completed by the Department Head/Supervisor

1. Name of Employee Julie Miller
2. Date of Employment 8/16/2020 Pay rate \$17.47
3. Department MARSHALL CO. Veterans Affairs Job Title ADIM ASSISTANT
4. Attach Documentation--References checked Yes No
5. Date Physical Given Driver's License Check
6. Job Posting Dates: From 7-25-2022 to 8-5-2022 (10 Days Required)
7. Job Description/Grading Complete? Yes No Union Employee
8. New Employee: Number hours per week Part Time Permanent (Full Time is 32 or more hrs/wk)
9. Change of Status: Effective Date Position Title from to Pay Rate from to
Date 8/16/2022 Tentative Dept Approval Ken Hunsicker

SECTION II. This form, with the attachments and payroll forms, should be forwarded to the Board of Supervisor's Office for inclusion on the next Board agenda before the new employee begins work. Paychecks will not be issued until all forms are complete and Board approval granted.

APPROVAL/DISAPPROVAL Board of Supervisors (yes or no + initials) Date

Sections I and II must be completed BEFORE going to Auditor's Accounting Department

SECTION III. To be completed by payroll personnel (Auditor Office)

- 1. W-4 and IA W-4 (Federal and State withholding certificates)
2. I-9 Employment Eligibility Verification Form
3. IPERS Beneficiary Form (Full time student? Yes No --- Not needed for full time students)
4. Direct Deposit
5. Health, Dental, Life Insurance, EAP & Flexible Spending
6. Voluntary Life Insurance, Voluntary Accident Insurance & AFLAC
7. Part-time? Yes Health Ins Referral Form; No N/A
8. Credit Union Brochure
9. Deferred Comp Information
10. Personnel Policy (printed copy available upon request)
11. Sexual Harassment Policy and Family Medical Leave (if not under County Personnel Policy)

I have completed the forms and received the documents, as noted above.

DATE 8/11/22 EMPLOYEE Signature [Signature]