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August 10, 2022

Board of Supervisors
Courthouse
Marshalltown IA 50158

RE: August 16, 2022 Meeting
Personnel

Gentlemen:

Attached for your approval is a change of status for Rob Crandon of the Marshall County Secondary Roads Department effective 08/20/2023. His status will change from TD2 to TD3. He has met the requirements for the status change.

Sincerely,

Paul C. Geilenfeldt, P.E.
County Engineer

PCG:jrt

xc:County Auditor

NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

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

1. Name of Employee Rob Crandon
2. Date of Employment 09/09/2013 Pay rate 27.41
3. Department Marshall Co Engineer Job Title TD2
4. Attach Documentation--References checked Yes No
5. Date Physical Given Driver's License Check
6. Job Posting Dates: From to (10 Days Required)
7. Job Description/Grading Complete? Yes No Union Employee
8. New Employee: Number hours per week (Full Time is 32 or more hrs/wk)
9. Change of Status: Effective Date August 20, 2022
Position Title from TD2 to TD3
Pay Rate from 27.41 to 27.75
Date 8-10-2022 Tentative Dept Approval

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

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 EMPLOYEE Signature