

NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

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

1. Name of Employee Ashlee Stupp
2. Date of Employment 1/3/23 Pay rate 25.90
3. Department Treasurer Job Title Motor Vehicle Supervisor
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 40 (Full Time is 32 or more hrs/wk)
9. Change of Status: Effective Date 1/3/23 Position Title from Motor Vehicle Supervisor to Motor Vehicle Supervisor Pay Rate from 25.65 to 25.90
Date 12/29/22 Tentative Dept Approval [Signature]

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