

NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

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

1. Name of Employee Autumn Canny

2. Date of Employment 05/15/2023 Pay rate 70,000

3. Department Attorney Title Assistant County Attorney

4. Attach Documentation--References checked Yes No

5. Date Physical Given _____ Driver's License Check _____

6. Job Posting Dates: From 04/03/23 - 04/25/23 (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)
If temporary, end date _____

9. Change of Status: Effective Date _____ Position Title from _____ to _____
Pay Rate from _____ to _____

Date 04/25/2023 Tentative Dept Approval Jordan Gaffney

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.

DAT
E

EMPLOYEE
Signature
