

PERSONNEL STATUS CHANGE

EFFECTIVE DATE OF CHANGE: 11/19/18

EMPLOYEE #: 0114

- | | | |
|--|---|---|
| <input type="checkbox"/> New Hire/Rehire (Sec. I & II) | <input type="checkbox"/> Transfer (Sec. I & IV) | <input type="checkbox"/> Name/Address Change (Sec. I) |
| <input checked="" type="checkbox"/> Rate/Title Change (Sec. I & III) | <input type="checkbox"/> FMLA/Leave of Absence (Sec. I & V) | <input type="checkbox"/> Tax Withholdings Change (Sec. I) |
| <input type="checkbox"/> Merit Increase (Sec. I & III) | <input type="checkbox"/> Return from FMLA/Leave of Absence (Sec. I & V) | <input type="checkbox"/> Internship (Sec. I & II) |
| <input type="checkbox"/> Separation (Sec. I & VII) | <input type="checkbox"/> Deduction Change (Sec. I & VI) | <input type="checkbox"/> Other: _____ |

SECTION I - PERSONAL INFORMATION

Last Name, First Name, M.I. <u>Proctor, JAMES</u>		Dept. Name/GL Number <u>3300</u>		Social Security Number	
Date of Birth [REDACTED]	Sex <u>M</u>	Race <u>W</u>	Drivers License #/State		Marital Status <u>M</u>
Mailing Address [REDACTED]		City <u>Woodbine</u>	State <u>GA</u>	Zip <u>31509</u>	Email Address [REDACTED]
Home Phone	Cell Phone [REDACTED]	Tax WH <u>Federal</u>	#Allowances	State _____	#Allowances
			<input type="checkbox"/> Single <input type="checkbox"/> Married/Jnt <input type="checkbox"/> Married/Sep	<input type="checkbox"/> Single <input type="checkbox"/> Married/Jnt <input type="checkbox"/> Married/Sep	

SECTION II - EMPLOYMENT

Date of Hire	Job Title	W/C Class Code	Rate
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Weekly Hours
Rate Class <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		Job Class Grade _____ Step _____	
Previously Employed	Original Date of Hire	Separation Date	Department
			Original Rate

SECTION III - RATE/TITLE CHANGE

Current Job Title	Current Rate/Grade/Step <u>\$ 3,649.14</u>	Date of Last Increase
New Job Title	New Rate/Grade/Step <u>\$ 4,006.89</u>	

SECTION IV - TRANSFER

From: Title/Department _____ To: Title/Department _____

SECTION V - FMLA/LEAVE OF ABSENCE

From	To	Reason
Return Date	FOR HR USE ONLY <input type="checkbox"/> Insurance Notified <input type="checkbox"/> Paperwork Processed	

SECTION VI - DEDUCTION CHANGES

Current Plan	Current Deduction	Pay Period Effective Date
New Plan	New Deduction	FOR HR USE ONLY <input type="checkbox"/> Insurance Notified

SECTION VII - SEPARATION

<input type="checkbox"/> Voluntary (How many days notice given?)	<input type="checkbox"/> Retirement	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Involuntary (Explain in Comments Section)	<input type="checkbox"/> Death	Explain in comments
Date of Hire	Last Day Worked	FOR HR USE ONLY <input type="checkbox"/> Insurance Notified

SECTION VIII - COMMENTS

additional \$357.75 per pay period (\$9,301.50/annual) should be coded to 3350 for Cumberland Island Project Manager duties. This amount is reimbursed through contract monthly. (Corresponding retirement, benefits, FICA amounts are also reimbursable)

SECTION IX - SIGNATURES

Inc: X BC: X Emp: X		HR Initial/Date
Employee _____ Date _____	Authorizing Signature <u>[Signature]</u>	Date <u>11/21/18</u>
County Administrator _____ Date _____	Human Resources <u>[Signature]</u>	Date <u>11/21/18</u>