

REQUEST FOR EMPLOYMENT OR CHANGE IN STATUS

EFFECTIVE DATE OF CHANGE _____ DEPARTMENT _____

PAYROLL NAME OF EMPLOYEE _____

JOB TITLE & GRADE _____ STEP _____

SALARY FUND ACCOUNT NUMBER _____

**** STATUS: _____ NEW EMPLOYMENT
_____ REHIRE
_____ REGULAR _____ TEMPORARY
_____ FULL-TIME _____ PART-TIME
_____ SALARY CHANGE
_____ TRANSFER
_____ DROP FROM PAYROLL (include with Separation Notice)

NAME OF EMPLOYEE BEING REPLACED _____

TITLE OF EMPLOYEE BEING REPLACED _____

BUDGETED SALARY FOR JOB TITLE \$ _____

SPECIAL INSTRUCTIONS (e.g. auto allowance, etc.) _____

PRESENT SALARY AMOUNT \$ _____

PROPOSED SALARY AMOUNT \$ _____

NOTE: IF SALARY REQUESTED IS NOT WITHIN BUDGETED ENTRY LEVEL SALARY FOR THIS POSITION, PLEASE ATTACH A COPY OF THE APPROVED BUDGET AMENDMENT ORDER.

Signature of Elected Official/Department Head Date

(A notarized "Affidavit" is also required for all new employment and promotion payroll entries.)

PAYROLL USE ONLY

EMPLOYEE NUMBER _____

FROM _____ HOURLY RATE TO _____ HOURLY RATE

DATE PROCESSED _____ PROCESSED BY _____

AFFIDAVIT

I, _____, do hereby certify that _____ meets the minimum qualifications and performs all job requirements as described by his or her job description. I further certify that I, or someone under my direction, has verified that the employee named herein possesses the degrees and other prerequisites required by this job. I hereby certify this employee is qualified for the position he or she is presently assigned. I further **RECOMMEND** or **DENY** (please circle one) the following salary of \$_____ per hour for this employee, not to exceed the maximum allowed by the Ector County Commissioners' Court.

Elected Official/Department Head Signature

STATE OF TEXAS §
COUNTY OF ECTOR §

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 20____.

(SEAL)

Notary Public, State of Texas

(This form is required on all new employment and promotion payroll transactions. Affidavit must be signed by the Elected Official/Department Head, notarized and forwarded to the Payroll Department prior to an employee being entered into payroll system or prior to salary change due to promotion.)