

REQUEST FOR EMPLOYMENT – NEW HIRE OR REHIRE ONLY

EFFECTIVE DATE OF CHANGE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

PAYROLL NAME OF EMPLOYEE \_\_\_\_\_

PROPOSED JOB TITLE & GRADE \_\_\_\_\_ STEP \_\_\_\_\_

STATUS: \_\_\_\_\_ NEW EMPLOYMENT
\_\_\_\_\_ REHIRE
\_\_\_\_\_ REGULAR \_\_\_\_\_ TEMPORARY
\_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME

NAME OF EMPLOYEE BEING REPLACED \_\_\_\_\_

TITLE OF EMPLOYEE BEING REPLACED \_\_\_\_\_

BUDGETED SALARY FOR JOB TITLE \$ \_\_\_\_\_

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

PROPOSED SALARY FUND ACCOUNT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

SUPPLEMENTAL SALARY ACCOUNT\* # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

(\*Note: Not all positions have supplemental salary amounts. If it does not apply, mark N/A)

SPECIAL INSTRUCTIONS FOR ADDITIONAL SUPPLEMENTAL AMOUNTS (if any):

Auto Allowance Amount \$ \_\_\_\_\_ from Account # \_\_\_\_\_
Cell Phone Allowance Amount \$ \_\_\_\_\_ from Account # \_\_\_\_\_
Other Allowance/Supplement \$ \_\_\_\_\_ from Account # \_\_\_\_\_
(Name other Allowance/Supplement \_\_\_\_\_)

Signature of Elected Official/Department Head

Date

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PAYROLL USE ONLY

EMPLOYEE NUMBER \_\_\_\_\_

FROM \_\_\_\_\_ HOURLY RATE TO \_\_\_\_\_ HOURLY RATE

DATE PROCESSED \_\_\_\_\_ PROCESSED BY \_\_\_\_\_