|  |  |  |  |
| --- | --- | --- | --- |
| **Employee ID #:** |  | **Effective Date of Transaction:** |  |
| **Employee Name:** |  | **Effective Date of Pay:** |  |

|  |  |
| --- | --- |
| **Transaction Type:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Detail** | **FROM:** | | **TO:** | |
| Department |  | |  | |
| Class Code |  | |  |  |
| Working Title |  | |  |  |
| Emergency Status |  | |  |  |
| Cost Center |  |  |  |  |
| Cost Center |  |  |  |  |
| Cost Center |  |  |  |  |
| Cost Center |  |  |  |  |
| Cost Center |  |  |  |  |
| WC Code |  | |  | |
| Union |  | |  | |
| Pay Grade |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pay Detail** |  | **FROM:** | **TO:** | |
| Hourly Rate | Salary | Old Rate |  | |
| Longevity/EIP |  | Old Longevity |  | |
| Special Pay |  |  |  |  |
| Special Pay |  |  |  |  |
| Special Pay |  |  |  |  |

|  |  |
| --- | --- |
| Comments: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Prepared by: |  | Date: |  |

(If a transfer between departments, both Department Directors must sign)

|  |  |  |  |
| --- | --- | --- | --- |
| Department Director: |  | Date: |  |
| Department Director: |  | Date: |  |
| HR Director: |  | Date: |  |
| County Administrator: |  | Date: |  |
| Payroll: |  | Date: |  |