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|  |  | **Effective Date of Transaction:** |  |
| **Employee Name:** |  | **Effective Date of Pay:** |  |

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

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

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| **Pay Detail**  |  |
| Hourly Rate |       |
| Longevity/EIP |       |
| Special Pay |        |       |
| Special Pay |        |       |
| Special Pay |        |       |

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| Comments: |       |

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| 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: |  |