|  |  |  |  |
| --- | --- | --- | --- |
| **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: |  |