



# PAYROLL FORM

Revised 6/4/2013

- NEW EMPLOYEE
- CHANGE EXISTING EMPLOYEE

EMPLOYEE NAME: Dann O' Donnell

### TO BE COMPLETED BY SUPERVISOR

Start Date: 8/31/2019

Department: Solid Waste

Position: Operator

Base hours per week: 40

Current Status:  Full Time  Part Time no benefits

**REQUEST EFFECTIVE DATE: 08/31/2019**

**ALL NEW HIRES & PAY INCREASES MUST BE APPROVED BY THE BOARD OF COUNTY COMMISSIONERS**

**PAYROLL CHANGES CAN ONLY OCCUR AT THE BEGINNING OF A NEW PAY PERIOD**

Pay Rate: \$18.12 Hourly

\$ Salaried

Employee Pay Grade: 5

Pay Rate is 90 % of market rate

Budget Account # 0023 00 0406-0000

FUND DEPT ACCOUNT

- Change Rate of Pay:
- Merit Increase (attach Performance Evaluation)
- Promotion  Other:
- From: \$14.46
- To: \$18.12

- Termination (Must attach Employee Separation Report):
- Last Day Worked: \_\_\_\_\_
- Voluntary  Discharged  Laid Off

Comments: Dann O'Donnell was hired on 03/03/2018 as a full time laborer. Since Dann joined the solid waste team he has shown great self motivation in learning all aspects of the solid waste operation. This has been very beneficial to the operation because Dann has become very versatile and now can effectively operate in all areas of the operation with exception to the track loader. He is very efficient operating the scale house as well with very little to no errors throughout the day. He is now loading trucks with the grizzly and has shown great improvement. Both Todd and I feel Dann will step into this new role and hit the ground running with the only training required will be in operating the track loader in the Construction and Demolition Pit. He is very self motivated and positive; willing to tackle any new tasks at hand and a great team player. For these reasons mentioned above I am requesting Dann O' Donnell be promoted to an operator at the 90% of BDPA which he has earned. Thank you, Saul Varela.

### TO BE COMPLETED BY EMPLOYEE

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

ER Contact phone #: \_\_\_\_\_

### TO BE COMPLETED BY PAYROLL DEPARTMENT

- DATE OF FIRST PAYCHECK: \_\_\_\_\_
- INSURANCE ELIGIBILITY DATE: \_\_\_\_\_
- W-4  Issue door key # \_\_\_\_\_
- I-9
- Supporting ID for I-9
- Direct Deposit  ACTIVATE \_\_\_\_\_
- Personnel Manual Acknowledgement
- Life

	Date of 1st deduction:	EMPLOYEE	EMPLOYER
PERSI			
Medical			
Dental			
Supp Life			

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

### SIGNATURE

Submitted by: *Saul Varela* Date: 08/27/2019

Approved by the Board of County Commissioners: \_\_\_\_\_ Date: \_\_\_\_\_

**Deliver this original form to the Payroll Department**