



Please enter the following change(s) as of May 25th, 2019

Dates of Employment: \_\_\_\_\_\_ to \_\_\_\_\_ To

Authorized by:

## HARDIN COUNTY Employee Change of Status Report



HARDIN COUNTY AUDITOR

Last Day of Work

Date

(if applicable)

Name: Thomas Craighton			Department: Emergency Managment
Address:			Position: Coordinator
City	State	Zip Code	Salary/Hourly Rate: \$50,000.00 yr
City	State	Zip Code	
Fund:			_
Status: X Full-time	Permanent	Part-time	Temporary/Seasonal Part-time
Reason of Change:			
⊠ Hired	Resignation		
Promotion	Retirement		
Demotion	☐ Layoff		
Pay Increase	Discharge		
Leave of Absence			_
	Dates		
Other:			

Beyond the last day of work, the following vacation time was (or will be paid):

Board of Supervisors

HTTP://WWW.HARDINCOUNTYIA.GOV