

**HARDIN COUNTY**  
Employee Change of Status Report

Please enter the following change(s) as of: **01-10-2018**

Name: **Amend, Ashley Marie**

Address: **1011 Coyla Street Iowa Falls, IA 50126**

Department: **Sheriff's Office**

Position: **Correctional Officer**

Fund \_\_\_\_\_

Gross \_\_\_\_\_

Salary or Hourly Rate: **\$13.12/hr**

STATUS    ( ) Full-time            (  ) Permanent Part-time            ( ) Temporary/Seasonal  
Part-time

Reason for change:

- |   |                 |
|---|-----------------|
| ( <input checked="" type="checkbox"/> ) Hired | ( ) Resignation |
| ( ) Promotion                                 | ( ) Retirement  |
| ( ) Demotion                                  | ( ) Layoff      |
| ( ) Pay Increase                              | ( ) Discharge   |

( ) Leave of absence to: \_\_\_\_\_  
(date)

( ) Other:


Dates of Employment: From:        To

Last day of work will be:

Beyond the last day of work, the employee was (or will be) paid for:

Vacation:

Comp:

Authorized by:  Date: 01-03-2018  
Elected Official or Department Head

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate Board (If Applicable)