



# HARDIN COUNTY

## Courthouse

HARDIN COUNTY COURTHOUSE  
1215 EDGINGTON AVE.  
ELDORA, IA 50627

**FILED**

MAY 21 2019

### HARDIN COUNTY Employee Change of Status Report

HARDIN COUNTY AUDITOR

Please enter the following change(s) as of 5/27/2019  
Date

Name: Christian Copper  
Address: \_\_\_\_\_  
Nevada Ia 50201  
City State Zip Code

Department: Sheriff  
Position: Deputy  
Salary/Hourly Rate: \$21.07

Fund: 0001 05 1000 000 10002

Status:  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: Hired at the rate of \$21.07 until July 1, 2019 rate increases to \$21.70 per Union Contract for the period of 6 months / He has this time to acquire a residence in Hardin County and complete his probation period. His wage will then increase to \$23.03 and follow Union Contract Guidelines

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Last Day of Work \_\_\_\_\_  
From To (if applicable)

Beyond the last day of work, the following vacation time was (or will be paid): \_\_\_\_\_ to \_\_\_\_\_  
From To

Authorized by: *David G. Daniel*  
Elected Official or Department Head

21 May 19  
Date

Authorized by: \_\_\_\_\_  
Board of Supervisors

\_\_\_\_\_  
Date

**HARDIN COUNTY**  
Employee Change of Status Report

Please enter the following change(s) as of: 06-05-2019

Name: Chaney, Brendan Allen

Address:

Department: Sheriff's Office

Position: Correctional Officer

Fund

Gross \_\_\_\_\_

Salary or Hourly Rate: \$13.53

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: 5-31-2019  
Elected Official or Department Head

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Appropriate Board (If Applicable)

