

HARDIN COUNTY
Employee Change of Status Report

Please enter the following change(s) as of: 07-01-2019

Name: Evans, Matthew

Address: Bridgewater, IA 50837

Department: Sheriff's Office

Position: Correctional Officer

Fund _____

Gross _____

Salary or Hourly Rate: \$17.30/hr

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

Reason for change:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Hired | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Layoff |
| <input checked="" type="checkbox"/> Pay Increase | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Leave of absence to: _____ | |

(date)

Other: Per Contract

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: 06-26-2019
Elected Official or Department Head

Approved by: _____ Date: _____
Appropriate Board (If Applicable)

FILED
JUN 26 2019
HARDIN COUNTY AUDITOR

HARDIN COUNTY
Employee Change of Status Report

FILED

JUN 26 2019

HARDIN COUNTY AUDITOR

Please enter the following change(s) as of: 07-01-2019

Name: Small, Brittany J.

Address: Eldora, IA 50627

Department: Sheriff's Office

Position: Correctional Officer

Fund _____

Gross _____

Salary or Hourly Rate: \$17.30/hr

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

Reason for change:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Hired | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Layoff |
| <input checked="" type="checkbox"/> Pay Increase | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Leave of absence to: _____
(date) | |

Other: Per Contract

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: 06-26-2019
Elected Official or Department Head

Approved by: _____ Date: _____
Appropriate Board (If Applicable)



HARDIN COUNTY

Courthouse

HARDIN COUNTY COURTHOUSE
1215 EDGINGTON AVE.
ELDORA, IA 50627

FILED

JUN 26 2019

HARDIN COUNTY AUDITOR

HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 7/5/2019
Date

Name: Lisa Bahr
Address: _____
Eldora Ia 50627
City State Zip Code

Department: Sheriff
Position: Asst Communication Specialist
Salary/Hourly Rate: \$20.15

Fund: 0001-05-1040-000-10006

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: _____

Dates of Employment: 9/07/1995 to 7/05/2019 Last Day of Work 6/3/2019
From To (if applicable)

Beyond the last day of work, the following vacation time was (or will be paid): 6/4/2019 to 7/5/2019
From To

Authorized by: *David G. Daniel* 25 Jun 19
Elected Official or Department Head Date

Authorized by: _____ Date
Board of Supervisors



HARDIN COUNTY

Courthouse

HARDIN COUNTY COURTHOUSE
1215 EDGINGTON AVE.
ELDORA, IA 50627

FILED

JUN 26 2019

HARDIN COUNTY AUDITOR

HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 7/01/2019
Date

Name: David Michael Burk
Address: _____
Eldora Ia 50627
City State Zip Code

Department: Sheriff
Position: Deputy Sheriff
Salary/Hourly Rate: \$21.70

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: Pay according to the Union Contract

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 M. G. David*
Elected Official or Department Head

25 Jun 19
Date

Authorized by: _____
Board of Supervisors

Date



HARDIN COUNTY

Courthouse

HARDIN COUNTY COURTHOUSE
1215 EDGINGTON AVE.
ELDORA, IA 50627

HARDIN COUNTY Employee Change of Status Report

FILED

JUN 27 2019

HARDIN COUNTY AUDITOR

Please enter the following change(s) as of 06/17/2019
Date

Name: SARAH HENLE
Address: _____
IOWA FALLS, IA
Fund: 0001-05-1040-000-10112

Department: COMMUNICATIONS
Position: DISPATCHER
Salary/Hourly Rate: 13.53
Weekly Scheduled Hours: _____

This position is: Exempt Non-Exempt

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: ON JULY 1 WILL GO TO \$15/HR

Correction on hourly wage

Dates of Employment: 06/18/2019 From _____ To _____ Last Day of Work _____
(if applicable)

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

Authorized by: *Katharine Williams* _____ Date: 6/27/19
Elected Official or Department Head

Authorized by: _____ Date: _____
Board of Supervisors