



HARDIN COUNTY

Courthouse

HARDIN COUNTY COURTHOUSE
1215 EDGINGTON AVE.
ELDORA, IA 50627

FILED

AUG - 5 2019

HARDIN COUNTY Employee Change of Status Report

HARDIN COUNTY AUDITOR

Please enter the following change(s) as of 08/17/2019
Date

Name: ERIN RIEDINGER

Department: COMMUNICATIONS

Address: _____

Position: DISPATCH

Fund: 0001-05-1040-000-10006

Salary/Hourly Rate: 16.76

Weekly Scheduled Hours: _____

This position is: Exempt Non-Exempt

Status: Full-time Permanent Part-time Temporary/Seasonal Part-time

Reason of Change:

- Hired
- Promotion
- Demotion
- Pay Increase
- Leave of Absence _____
Dates
- Resignation
- Retirement
- Layoff
- Discharge

Other: PROMOTED FROM PART TIME STATUS TO FULL TIME STATUS STARTING ON 8/17/19 WITH HOURLY RATE
BEGINNING AT \$16.76

Dates of Employment: _____ to _____
From To

Last Day of Work _____
(if applicable)

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

Authorized by:
Elected Official or Department Head

_____ Date

Authorized by: _____
Board of Supervisors

_____ Date



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HARDIN COUNTY AUDITOR

Please enter the following change(s) as of 08/05/2019
Date

Name: AMY ROBB

Department: COMMUNICATION

Address: _____

Position: DISPATCH

Fund: 0001-05-1040-000-10112

Salary/Hourly Rate: 15.00

Weekly Scheduled Hours: _____

This position is: Exempt Non-Exempt

Status: Full-time Permanent Part-time Temporary/Seasonal Part-time

Reason of Change:

- Hired
- Promotion
- Demotion
- Pay Increase
- Leave of Absence
- Resignation
- Retirement
- Layoff
- Discharge

Other: NEW HIRE STARTING AT \$15.00/HR

Dates of Employment: _____ to _____
From To

Last Day of Work _____
(if applicable)

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

Authorized by: Kathleen [Signature]
Elected Official or Department Head

_____ Date

Authorized by: _____
Board of Supervisors

_____ Date



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HARDIN COUNTY Employee Change of Status Report

FILED

AUG - 5 2019

Please enter the following change(s) as of 08/03/2019
Date

HARDIN COUNTY

Name: McKenzie Burton

Department: COMMUNICATIONS

Address: _____

Position: DISPATCH

Fund: 0001-05-1040-000-10112

Salary/Hourly Rate: 15.00

Weekly Scheduled Hours: _____

This position is: Exempt Non-Exempt

Status: Full-time Permanent Part-time Temporary/Seasonal Part-time

Reason of Change:

- Hired
- Promotion
- Demotion
- Pay Increase
- Leave of Absence _____
Dates
- Resignation
- Retirement
- Layoff
- Discharge

Other: STARTED 8/3/19 \$15/HR

Dates of Employment: _____ to _____
From To

Last Day of Work _____
(if applicable)

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

Authorized by: *Karl...*
Elected Official or Department Head

8/3/19
Date

Authorized by: _____
Board of Supervisors

_____ Date