

HARDIN COUNTY
Employee Change of Status Report

Please enter the following change(s) as of: 03-16-2020

Name: Chapman, Michael

Address: Eldora, IA

Department: Sheriff's Office

Position: Correctional Officer

Fund _____

Gross _____

Salary or Hourly Rate: \$16.76/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 type="checkbox"/> Pay Increase | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Leave of absence to: _____
(date) | |

Other: **Part Time to Full Time**

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: 03-12-2020
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

MAR 18 2020

HARDIN COUNTY AUDITOR

HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 03/18/2020
Date

Name: Hannah Metz

Department: Communications

Address: _____

Position: Dispatcher

City _____ State _____ Zip Code _____

Salary/Hourly Rate: \$15.00

Fund: 0001-05-1040-000-10112

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: _____ 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. Daniel*
Elected Official or Department Head

18 MAR 2020
Date

Authorized by: _____
Board of Supervisors

Date



HARDIN COUNTY

Courthouse

HARDIN COUNTY COURTHOUSE
1215 EDGINGTON AVE.
ELDORA, IA 50627

FILED

MAR 18 2020

HARDIN COUNTY AUDITOR

HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 03/18/2020
Date

Name: Sarah Robinson

Department: Communications

Address: _____

Position: Dispatcher

City _____ State _____ Zip Code _____

Salary/Hourly Rate: \$15.00

Fund: 0001-05-1040-000-10112

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: _____ 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: *Dorell G. Daniel*
Elected Official or Department Head

18 MAR 2020
Date

Authorized by: _____
Board of Supervisors

Date