

HARDIN COUNTY
Employee Change of Status Report

Please enter the following change(s) as of: **November 18, 2020**

Name: **Wiedemeier, Lucas**

Address: **Alden, IA**

Department: **Sheriff's Office**

Position: **Correctional Officer**

Fund _____

Gross _____

Salary or Hourly Rate: **\$16.48/hr**

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

Reason for change:

- | | |
|--------------------------------|-----------------|
| (<u>X</u>) 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: 11-16-2020
Elected Official or Department Head

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

HARDIN COUNTY
Employee Change of Status Report

Please enter the following change(s) as of: November 18, 2020

Name: Chicoine, Jacob

Address: Terril, IA

Department: Sheriff's Office

Position: Correctional Officer

Fund _____

Gross _____

Salary or Hourly Rate: \$16.48/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:

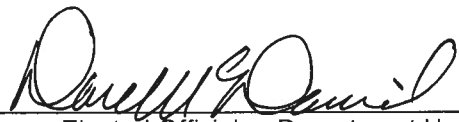
Dates of Employment: From: _____ To _____

Last day of work will be: _____

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Comp:

Authorized by:  Date: 11-16-2020
Elected Official or Department Head

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