



HARDIN COUNTY

Courthouse

HARDIN COUNTY COURTHOUSE
1215 EDGINGTON AVE.
ELDORA, IA 50627

HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 7-1-21
Date

Name: Cliff Cory

Department: 04

Address: _____

Position: Paralegal

Eldora, IA 50627

Salary/Hourly Rate: 46.148

Fund: 0001-04-1100-000-10056

Weekly Scheduled Hours: 37.5

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: This is an increase of \$1.00/hr., (5.4 \$/hr above 2% raise)
Increased caseload with COVID backlog + inflation.

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: [Signature]
Elected Official or Department Head

6-14-21
Date

Authorized by: _____
Board of Supervisors

Date



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Please enter the following change(s) as of 7-1-21
Date

Name: Carol Fletcher

Department: 04

Address: _____

Position: Office Mgr.

Eldora, IA 50627

Salary/Hourly Rate: 42,000.00

Fund: 0001-04-1100-000-10003

Weekly Scheduled Hours: 37.5

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: This is an increase of \$1.00/hr. (59¢/hr. above 2% raise)
Increased caseload with COVID backlog + inflation.

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: [Signature]
Elected Official or Department Head

6-14-21
Date

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HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 7-1-21
Date

Name: Christopher Klein

Department: 04

Address: _____

Position: Asst. Co. Attorney

Iowa Falls, IA

Salary/Hourly Rate: \$ 74,000

Fund: _____

Weekly Scheduled Hours: 37.5

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

Dates

Other: This is an increase of \$1.33/hr. (60¢/hr. above 2% raise)
Increased caseload with COVID backlog + inflation.

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: [Signature]
Elected Official or Department Head

6-14-21
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Please enter the following change(s) as of 7-1-21
Date

Name: Renee Springston

Department: 04

Address: _____

Position: PT Office Staff

Fund: 0001-04-1100-000-10108

Salary/Hourly Rate: \$15.50 / hr.

Weekly Scheduled Hours: 22.0

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: Skills and tasks increased.

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: [Signature]
Elected Official or Department Head

6-14-21
Date

Authorized by: _____
Board of Supervisors

Date