

HARDIN COUNTY
Employee Change of Status Report

Please enter the following change(s) as of: **June 15, 2021**

Name: **Fults, Jason**

Address: **Iowa Falls, IA**

Department: **Sheriff's Office**

Position: **Correctional Officer**

Fund _____

Gross _____

Salary or Hourly Rate: **\$20.52/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 checked="" 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: **Jail Sergeant to Full Time Correctional Officer- Employee Requested**

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: 6-15-2021

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: June 21, 2021

Name: Bright, Scott

Address: Cedar Falls, IA

Department: Sheriff's Office

Position: Correctional Officer

Fund _____

Gross _____

Salary or Hourly Rate: \$18.35/hr

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

Reason for change:

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

() Other:

Dates of Employment: From: 06-13-2021 To 06-21-2021

Last day of work will be: June 20, 2021

Beyond the last day of work, the employee was (or will be) paid for: None

Vacation:

Comp:

Authorized by:  Date: 6-21-2021
Elected Official or Department Head

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