

TWIN FALLS COUNTY STATUS SHEET

Please PRINT and fill out completely.

Today's Date: _____

Emp # _____ Last Name: _____ First Name: _____ MI: _____

Dept #: _____ Dept. Name: _____ Job Title: _____

NEW HIRE:

Date of Hire: _____ Dept. Budget _____ New Hire Full-Time Seasonal Exempt
Pay Rate: \$/hr _____ Line # _____ Re-Hire Part-Time Temporary Non-Exempt

STATUS / JOB / WAGE CHANGE: (Check only those that apply.)

FROM:

Part-Time Full-Time Non-Exempt Exempt
 Seasonal Temporary Rate of Pay (\$/hr) _____
Job Title: _____
Department: _____
Dept. # _____ Budget Line # _____

TO:

Part-Time Full-Time Non-Exempt Exempt
 Seasonal Temporary Rate of Pay (\$/hr) _____
Job Title: _____
Department: _____
Dept. # _____ Budget Line # _____

CHANGE REASON (Check all that apply)

Effective Date of Change: _____ Job Title Change Promotion Merit Increase Extend Introductory Period until (date) _____
 Complete Introductory Period Department Change Demotion Budget Line # Suspend without pay until (date) _____

LEAVE OF ABSENCE:

Beginning Date: _____ Approx. End Date: _____
 Worker's Compensation Medical / FMLA Jury Leave
 Unpaid Leave of Absence Military Leave Bereavement

TERMINATION:

Effective Date: _____ Last Day Worked: _____
 Resignation Discharge Eligible for Rehire? Yes No
 Layoff Exhausted Leave of Absence

Comments: _____

APPROVALS: Sign & Date

Department Head: _____
Elected Official: _____
Human Resources: _____

Commissioner: _____
Commissioner: _____
Payroll: _____

Submit original to Human Resources for processing. Do not submit duplicate sheets to payroll. Status sheets will be placed on the Commissioners Agenda for the Consent Calendar and require the approval of the County Commissioners PRIOR to the effective date of change (except termination).