



Jamie Favre &lt;jfavre@baystlouis-ms.gov&gt;

**Dustin Weir & Zachariah Geoffrey Longevity**

1 message

**Alvin Kingston** <akingston@baystlouis-ms.gov>  
To: Jamie Favre <jfavre@baystlouis-ms.gov>  
Cc: Toby Schwartz <tschwartz@baystlouis-ms.gov>

Thu, Aug 1, 2024 at 12:17 PM

Jamie,

Please add these longevity increases for the next council meeting which will be on August 6, 2024.

Please verify these with Sissy as she has an accurate spreadsheet for longevity.

Dustin Weir

Hire Date August 19, 2019

2019-2020	First Year Completed
2020-2021	Second Year Completed
2021-2022	Third Year Completed (1 <sup>st</sup> year longevity)
2022-2023	Fourth Year Completed (2 <sup>nd</sup> year longevity)
2023-2024	Fifth Year Completed (3 <sup>rd</sup> year longevity)
2024-2024	Sixth Year Begins (4 <sup>th</sup> year longevity)

Current Pay:	\$25.20
Longevity Increase:	\$ .50
New Pay	\$25.70

Date of change will be beginning of new pay period starting Monday August 19, 2024.

Zachariah Geoffrey

Hire Date August 24, 2020

2020-2021	First Year Completed
2021-2022	Second Year Completed
2022-2023	Third Year Completed (1 <sup>st</sup> year longevity)
2023-2024	Fourth Year Completed (2 <sup>nd</sup> year longevity)
2024-2025	Fifth Year Begins (3 <sup>rd</sup> year longevity)

Current Pay:	\$23.63
Longevity Increase:	\$.50
New Pay	\$24.13

Date of change will be beginning of new pay period starting Monday September 2, 2024.

Please double check me to make sure correct. Let me know if we can help.

Thank You,

***Deputy Chief Alvin Kingston***

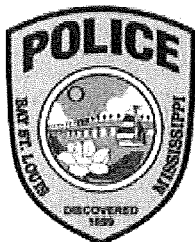
*Bay St. Louis Police Department*

*547 Main Street*

*Bay St. Louis, MS 39520*

*PD Main: 228-467-9222*

*Direct: 228-466-5492*





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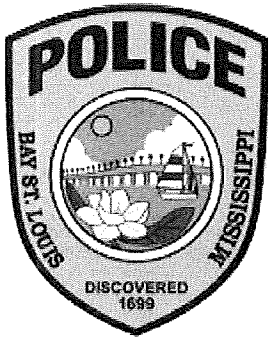


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# PAYROLL CHANGE NOTICE

DATE OF CHANGE <b>8-19-24</b>	EMPLOYEE #	SOCIAL SECURITY NO       -	
NAME <b>Dustin Weir</b>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <b>Police</b>	SHIFT

## THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<b>\$25.20</b>	<b>\$25.70</b>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

## THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) <b>Longevity Pay Increase</b>	

## AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <b>Jamie E. Lane</b>	DATE <b>8-1-24</b>



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# PAYROLL CHANGE NOTICE

DATE OF CHANGE <b>9-2-24</b>	EMPLOYEE #	SOCIAL SECURITY NO     -     -
NAME <b>Zachariah Geoffrey</b>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <b>Police</b>
		SHIFT

## THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<b>\$23.63/hr.</b>	<b>\$24.13/hr.</b>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

## THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	
_____	
_____	

## AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <b>Jamie E. Rave</b>	DATE <b>8-1-24</b>



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