

# PAYROLL STATUS CHANGE

EFFECTIVE DATE

12/27/2023

NAME:

**Mary Vigil**

PAYROLL :

1/5/2024

**CHANGE  
OF  
ADDRESS/  
PHONE**

STREET

CITY, STATE, ZIP

TELEPHONE

**CHANGE**

**FROM**

(DOES NOT APPLY TO NEW EMPLOYEE)

**TO**

JOB TITLE

**PT Adult Services CW III**

DEPARTMENT

**DHS**

HOURS

ANNUAL SALARY

SEMI-MONTHLY  
SALARY

HOURLY SALARY

**\$30.00/hr**

OTHER SALARY

**Non-Exempt**

## REASON FOR CHANGE

NEW HIRE

REHIRED

PROMOTION

DEMOTION

TRANSFER

RESIGNATION

RETIREMENT

LAYOFF

ADMINISTRATIVE LEAVE PAID

ADMINISTRATIVE LEAVE UN-PAID

**TERMINATION**

LENGTH OF SERVICE INCREASE

REEVALUATION OF CURRENT JOB

INTRODUCTORY PERIOD COMPLETED

OTHER

COMMENTS, IF NECESSARY

**Motion to Accept the Retirement of Mary Vigil as PT Adult Services CW III for DHS Effective  
12.27.2023**

\_\_\_\_\_  
Elected Official/Department Manager

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Date to Finance Office: \_\_\_\_\_