HUERFANO COUNTY

CIT		IC CITANICE	EFFECTIVE DATE		
Gh	REEN SHEET/STATU	1/3/2023			
NAME:	Burnell Haywood	PAYROLL :	1/13/2023		

NAME:	Burnell Haywood	1	PAYROLL:	1/13/2023			
	T						
CHANGE	STREET						
OF ADDRESS/							
PHONE	PHONE						
	TELEPHONE						
CITANOS	FI	ROM		ТО			
CHANGE		TO NEW EMPLOYEE)					
IOD TITLE							
JOB TITLE	Detention Officer		D	Detention Lieutenant			
DEPARTMENT	Jail		Jail				
HOURS				Jan			
ANNUAL				ha < 0.00 0.0			
SALARY	\$33,	000.00		\$36,000.00			
SEMI-MONTHLY SALARY							
HOURLY							
SALARY OTHER SALARY	N.T.	E4		Non Evennt			
OTHER SALARY	•	Exempt		Non-Exempt			
	REASO	N FOR CHANGE					
	NEW HIRE	RESIGNATION		LENGTH OF SERVICE INCREASE			
•	REHIRED PROMOTION	RETIREMENT LAYOFF		REEVALUATION OF CURRENT JOB INTRODUCTORY PERIOD COMPLETED			
	DEMOTION	ADMINISTRATIVE LEAV	E PAID	OTHER			
TRANSFER ADMINISTRATIVE LEAVE UN-PAID							
COMMENTS, IF N	NECESSARY						
Motion	To Change Job Title an	d Duties for Burnell Havy	wood From De	etention Officer To Detention			
		A Change In Salary From					
•							
1 <u>Angela</u>	Wakeman Human Resou	rces Officer certify that the					
above presented information has been requested by the			Karl Sporlede	r, Commissioner			
	ent Head and or Elected Office byee named within. I certify	icial directly responsible for					
	cumentaion and that I have		John Galusha	Commissioner			
	Sheet to reflect the change		Joini Garusiia,	Commissioner			
Angola (Wakeman <u>01/0</u>	6/2023	Arica Andreat	ta, Commissioner			
		Signed					

Date

Date to Finance Office:

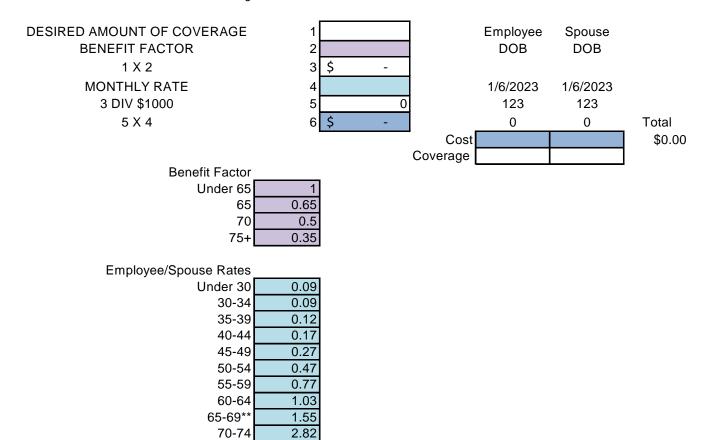
PAYROLL DEDUCTION CHANGE

12/15/2020

NAME:

Angie Glover

CHANGE	REASON	FROM		то			
CCOERA (401-a)							
CCOERA (457-b)							
Nationwide Retirement							
Equitable Life							
Colonial Life							
Health Insurance	Add	B200	00		Familly	\$0.00	
Dental Insurance	Add				Family	\$0.00	
Vision Insurance	Add				Family	\$0.00	
Life Insurance	Change					\$2.40	
Supplemental Life Insurance	Add				\$0.00	\$0.00 \$0.00	
Other Deductions							
					TOTAL COST-CHP		
Date to Finance	e Office:	10-Oct-20			TOTAL EM	P DEDUCTION	\$260.86



^{**} Spousal Benefits terminate when spouse is 65

75-79

+08

4.26

7.74

New Employee			
Date of Hire		Annual Salary	\$20,800.00
	Detention Officer	Department	Detention Center
Hours		Department	Detention center
Hours	Date	Date	Payroll
New Employee Packet	To Employee	Returned	Date
W-4	3/16/2017	3/16/2017	4/15/2017
Direct Deposit	3/16/2017	3/21/2017	4/15/2017
Health Insurance	3/16/2017	3/21/2017	4/1/2017
CCOERA - 457(b) 401 (a)	3/16/2017		3/16/2018
I-9	3/16/2017	3/16/2017	3/10/2010
HIPPA	3/16/2017	3/16/2017	
ID Information	3/16/2017	N/A	
Personnel Manual		N/A	
	3/16/2017	2/16/2017	
Acknowledgement & Consent-Manual	3/16/2017	3/16/2017	
Acknowledgement & Consent-Drug Policy	3/16/2017	3/16/2017	
	Datata	Data	Data
N 5 1 57	Date to	Date	Date
New Employee File	Finance	Filed	Faxed
W-4	3/21/2017	3/21/2017	3/16/2017
Direct Deposit	3/21/2017	3/21/2017	N/A
Acknowledgement and Consent	N/A		N/A
Minutes-Motion from Board to Hire	N/A		N/A
Application	N/A		N/A
	Date to	Date	Date
Other	Finance	Filed	Faxed
I-9	N/A		N/A
Afirmation of Legal Work Status	N/A	N/A-1/17/17	N/A
Driver's License			N/A
Social Security Card			N/A
Other			N/A
HIPPA	N/A		N/A
	Date	Date Change Form	Date
	Faxed to CHP	To Finance	Filed in Binder
Health Insurance	Taxed to CIII	TOTIMANCE	r ilea ili billaei
rieartii iiisurarice	PLAN	COST	DEDUCTION
MEDICAL		CO31	DEDUCTION
DENTAL			
VISION			
LIFE INSURANCE			
LIFE INSURANCE			
	SUB-TOTAL	COVEDACE	7202
CURRIENTE	EA 45	COVERAGE	COST
SUPPLEMENTAL			
	DEP	CUD TOTAL	
	TOTAL	SUB-TOTAL	
	Date	Date	Date
CCOERA	Faxed to CCOERA	To Finance	Filed
457(h)			