

HUERFANO COUNTY

<b>CELL PHONE STIPEND</b>	EFFECTIVE DATE
	1/1/2023
NAME: <b>Name: William Cordova</b>	PAYROLL : <b>1/25/2023</b>

<b>CHANGE OF ADDRESS/PHONE</b>	STREET
	CITY, STATE, ZIP
	TELEPHONE

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB TITLE		<b>Operator/Shop Manager</b>
DEPARTMENT		<b>Road and Bridge</b>
STIPEND		<b>\$40.00</b>
OTHER		

**REASON FOR CHANGE**

**CELL PHONE STIPEND INITIAL**

**CELL PHONE STIPEND CHANGE**

OTHER

COMMENTS, IF NECESSARY

**Motion to pay phone stipend to William Cordova**

I Angela Wakeman HR Officer certify that the above presented information has been requested by the Department Head and or Elected Official directly responsible for the employee named within. I certify that I have received all proper documentaion and that I have entered the information on the Green Sheet to reflect the change as requested.

Angela Wakeman  
Signature of preparer

01/03/2023  
Date Signed

\_\_\_\_\_  
Arica Andreatta, Commissioner

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John Galusha, Commissioner

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Karl Sporleder, Commissioner

\_\_\_\_\_  
Date

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