HUERFANO COUNTY

Gr	REEN SHEET/STATI	US CHANGE	1/16/2023
NAME:	Kevin Archuleta	PAYROLL:	2/3/2023

NAME:	Keviii Arciiuleta		PAYROLL:	2/3/2023		
CHANGE	STREET					
OF SIKEE						
ADDRESS/						
PHONE	TELEPHONE					
CHANGE	FROM		ТО			
	(DOES NOT APPLY TO NEW EMPLOYEE)					
JOB TITLE						
JOB IIILL	Receptionist		GIS Technician / IT Assistant			
DEPARTMENT	Public Works		IT/GIS Department			
HOLIDA	Tublic vvoi	IXO		17616 Department		
HOURS						
ANNUAL SALARY	\$31,600.00)		\$31,600.00		
SEMI-MONTHLY						
SALARY HOURLY						
SALARY						
OTHER SALARY	Non-Exemp	ot		Non-Exempt		
	REASON FO					
	REASON FO	K CHANGE				
	NEW HIRE	RESIGNATION		LENGTH OF SERVICE INCREASE		
		RETIREMENT		REEVALUATION OF CURRENT JOB		
		AYOFF		INTRODUCTORY PERIOD COMPLETED		
	DEMOTION	ADMINISTRATIVE LEAVE	PAID	OTHER		
TRANSFER ADMINISTRATIVE LEAVE UN-PA			UN-PAID			
COMMENTS, IF I	NECESSARY					
Motion 7	To Transfer Kevin Archuleta fro	m Recutionist to G	AS Technicia	/ IT Assistant for the IT/GIS		
1/10tion 1		Department.				
2 oput viitotivi						
	<i>aa)</i> (
I <u>Angela Wakeman</u> Human Resources Officer certify that the above presented information has been requested by the			Karl Sporleder, Commissioner			
	esented information has been requested ent Head and or Elected Official directions.		mr sporteder	,		
the emplo	oyee named within. I certify that I have	re received all				
	ocumentaion and that I have entered the		John Galusha,	Commissioner		
the Greer	Sheet to reflect the change as reques	ted.				
Angola (Wakeman 12/30/2022		Arica Andreatt	a, Commissioner		
	of preparer Date Signed					

Date

Date to Finance Office:

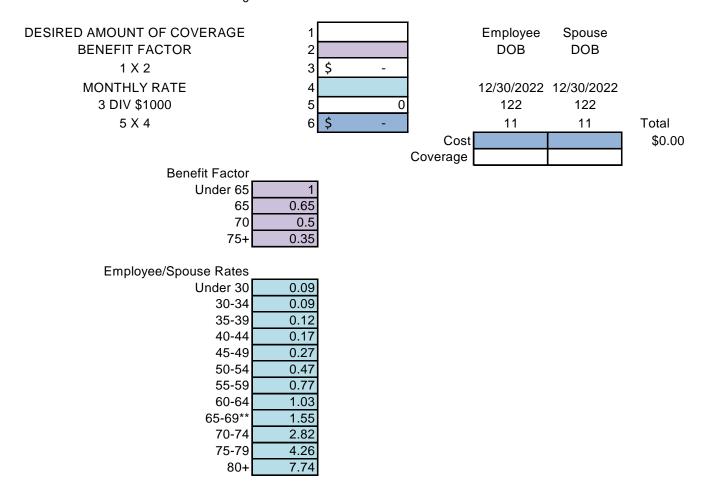
PAYROLL DEDUCTION CHANGE

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

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)			