## **HUERFANO COUNTY**

Date to Finance Office:

			EFFECTIVE DATE		
Gh	REEN SHEET/STATU	JS CHANGE	1/11/2023		
NAME:	Michael Sanchez	PAYROLL:	1/20/2023		

NAME:	WHCHaci Sanciez		FAIROLL:	1/20/2023		
CHANGE	CTRUTT					
OF	STREET					
ADDRESS/	CITY, STATE, ZIP					
PHONE	TELEPHONE					
	FROM	T		TO		
CHANGE				10		
	(DOES NOT APPLY TO NE	W EMPLOYEE)				
JOB TITLE						
				<b>Detention Officer</b>		
DEPARTMENT				Jail		
				Jan		
HOURS						
ANNUAL				\$33,000.00		
SALARY SEMI-MONTHLY				ψυυ,000.00		
SALARY						
HOURLY						
SALARY						
OTHER SALARY				Non-Exempt		
	DEASON E	OR CHANGE				
	REASON F	OK CHANGE				
	WEW WAS					
	NEW HIRE	RESIGNATION		LENGTH OF SERVICE INCREASE		
	REHIRED	RETIREMENT		REEVALUATION OF CURRENT JOB		
	PROMOTION	LAYOFF		INTRODUCTORY PERIOD COMPLETED		
	DEMOTION	ADMINISTRATIVE LEAVI		OTHER		
	TRANSFER	ADMINISTRATIVE LEAVE	E UN-PAID			
COMMENTS, IF N	NECESSARY					
Motion To Hire Michael Sanchez as a Detention Officer for the Sheriff's Department. Contingent Upon Passing CBI Background Investigation and Passing Pre-Employment Drug Test With NegativeResult.						
			7			
	au) (					
	Wakeman Human Resources C		Vorl Cnorled	r Commissioner		
above presented information has been requested by the Department Head and or Elected Official directly responsible for		Karl Sporleder, Commissioner				
	ent Head and or Elected Official di byee named within. I certify that I					
	ocumentaion and that I have entere		John Calusha	Commissioner		
	the Green Sheet to reflect the change as requested.		John Galusha, Commissioner			
			Arian Andreas	ta, Commissioner		
Angela (	<i>Wakeman</i> 0 <u>1/05/2023</u>	3	Arrea Andreat	ia, Commissionei		
	e of preparer Date Signe					
	1 1 = 2.5		Data			
			Date			

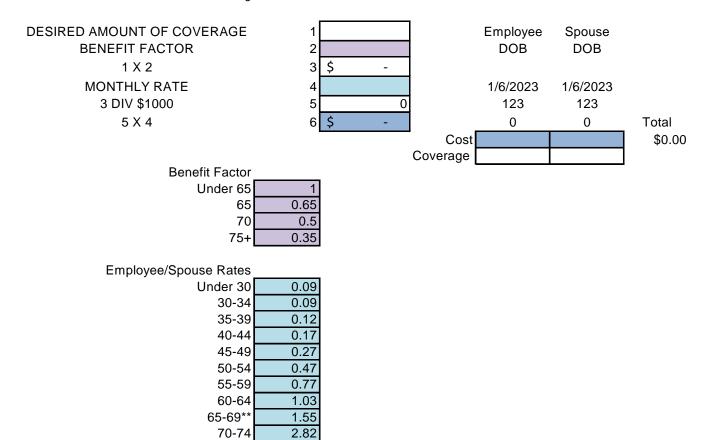
## PAYROLL DEDUCTION CHANGE

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



<sup>\*\*</sup> 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 51	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 CITI	TOTIMANCE	r ilea ili billaei
riearth insurance	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)			