

HUERFANO COUNTY

| | | |
|----------------------------------|-----------|----------------|
| GREEN SHEET/STATUS CHANGE | | EFFECTIVE DATE |
| | | 1/11/2023 |
| NAME: Michael Sanchez | PAYROLL : | 1/20/2023 |

| | |
|--------------------------------|------------------|
| CHANGE OF ADDRESS/PHONE | STREET |
| | CITY, STATE, ZIP |
| | TELEPHONE |

| CHANGE | FROM (DOES NOT APPLY TO NEW EMPLOYEE) | TO |
|---------------------|--|--------------------------|
| JOB TITLE | | Detention Officer |
| DEPARTMENT | | Jail |
| HOURS | | |
| ANNUAL SALARY | | \$33,000.00 |
| SEMI-MONTHLY SALARY | | |
| HOURLY SALARY | | |
| OTHER SALARY | | Non-Exempt |

REASON FOR CHANGE

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <u>NEW HIRE</u> REHIRED PROMOTION DEMOTION TRANSFER | <ul style="list-style-type: none"> RESIGNATION RETIREMENT LAYOFF ADMINISTRATIVE LEAVE PAID ADMINISTRATIVE LEAVE UN-PAID | <ul style="list-style-type: none"> LENGTH OF SERVICE INCREASE REEVALUATION OF CURRENT JOB INTRODUCTORY PERIOD COMPLETED OTHER |
|---|--|---|

COMMENTS, IF 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 Negative Result.

I Angela Wakeman Human Resources 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

01/05/2023
Date Signed

Karl Sporleder, Commissioner

John Galusha, Commissioner

Arica Andreatta, Commissioner

Date

Date to Finance Office: _____

| | |
|---------------------------------|----------------|
| PAYROLL DEDUCTION CHANGE | EFFECTIVE DATE |
| | 12/15/2020 |

NAME: **Angie Glover**

| CHANGE | REASON | FROM | TO | | |
|-----------------------------|--------|-------|--------|--------|--|
| CCOERA (401-a) | | | | | |
| CCOERA (457-b) | | | | | |
| Nationwide Retirement | | | | | |
| Equitable Life | | | | | |
| Colonial Life | | | | | |
| Health Insurance | Add | B2000 | Family | \$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 | | | | | |

Date to Finance Office: 10-Oct-20

TOTAL COST-CHP **\$0.00**
 TOTAL EMP DEDUCTION **\$260.86**

0

DESIRED AMOUNT OF COVERAGE
 BENEFIT FACTOR
 1 X 2
 MONTHLY RATE
 3 DIV \$1000
 5 X 4

| | |
|---|------|
| 1 | |
| 2 | |
| 3 | \$ - |
| 4 | |
| 5 | 0 |
| 6 | \$ - |

| Employee | Spouse |
|----------|----------|
| DOB | DOB |
| 1/6/2023 | 1/6/2023 |
| 123 | 123 |
| 0 | 0 |

| | | | |
|----------|--|--|--------|
| Cost | | | Total |
| Coverage | | | \$0.00 |

Benefit Factor

| | |
|----------|------|
| Under 65 | 1 |
| 65 | 0.65 |
| 70 | 0.5 |
| 75+ | 0.35 |

Employee/Spouse Rates

| | |
|----------|------|
| Under 30 | 0.09 |
| 30-34 | 0.09 |
| 35-39 | 0.12 |
| 40-44 | 0.17 |
| 45-49 | 0.27 |
| 50-54 | 0.47 |
| 55-59 | 0.77 |
| 60-64 | 1.03 |
| 65-69** | 1.55 |
| 70-74 | 2.82 |
| 75-79 | 4.26 |
| 80+ | 7.74 |

** Spousal Benefits terminate when spouse is 65

| New Employee | | | |
|---------------------------------------|--------------------------|--------------------|-------------------------|
| Date of Hire | <u>3/16/2017</u> | Annual Salary | <u>\$20,800.00</u> |
| Job Title | <u>Detention Officer</u> | Department | <u>Detention Center</u> |
| Hours | | | |
| | Date | Date | Payroll |
| | To Employee | Returned | Date |
| New Employee Packet | <u>3/16/2017</u> | <u>3/16/2017</u> | <u>4/15/2017</u> |
| W-4 | <u>3/16/2017</u> | <u>3/21/2017</u> | <u>4/15/2017</u> |
| Direct Deposit | <u>3/16/2017</u> | | <u>4/1/2017</u> |
| Health Insurance | <u>3/16/2017</u> | | <u>3/16/2018</u> |
| CCOERA - 457(b) 401 (a) | <u>3/16/2017</u> | | |
| I-9 | <u>3/16/2017</u> | <u>3/16/2017</u> | |
| HIPPA | <u>3/16/2017</u> | <u>3/16/2017</u> | |
| ID Information | <u>3/16/2017</u> | <u>N/A</u> | |
| Personnel Manual | <u>3/16/2017</u> | | |
| Acknowledgement & Consent-Manual | <u>3/16/2017</u> | <u>3/16/2017</u> | |
| Acknowledgement & Consent-Drug Policy | <u>3/16/2017</u> | <u>3/16/2017</u> | |
| | Date to | Date | Date |
| | Finance | Filed | Faxed |
| New Employee File | <u>3/21/2017</u> | <u>3/21/2017</u> | <u>3/16/2017</u> |
| W-4 | <u>3/21/2017</u> | <u>3/21/2017</u> | <u>N/A</u> |
| Direct Deposit | <u>N/A</u> | | <u>N/A</u> |
| Acknowledgement and Consent | <u>N/A</u> | | <u>N/A</u> |
| Minutes-Motion from Board to Hire | <u>N/A</u> | | <u>N/A</u> |
| Application | <u>N/A</u> | | <u>N/A</u> |
| | Date to | Date | Date |
| | Finance | Filed | Faxed |
| Other | <u>N/A</u> | | <u>N/A</u> |
| I-9 | <u>N/A</u> | <u>N/A-1/17/17</u> | <u>N/A</u> |
| Afirmation of Legal Work Status | <u>N/A</u> | | <u>N/A</u> |
| Driver's License | | | <u>N/A</u> |
| Social Security Card | | | <u>N/A</u> |
| Other | | | <u>N/A</u> |
| HIPPA | <u>N/A</u> | | <u>N/A</u> |
| | Date | Date Change Form | Date |
| | Faxed to CHP | To Finance | Filed in Binder |
| Health Insurance | | | |
| | PLAN | COST | DEDUCTION |
| MEDICAL | | | |
| DENTAL | | | |
| VISION | | | |
| LIFE INSURANCE | | | |
| | SUB-TOTAL | | |
| | | COVERAGE | COST |
| SUPPLEMENTAL | EMP | | |
| | DEP | | |
| | | SUB-TOTAL | |
| | TOTAL | | |
| | Date | Date | Date |
| CCOERA | Faxed to CCOERA | To Finance | Filed |
| 457(b) | | | |
| 401 (a) | | | |