

HUERFANO COUNTY

GREEN SHEET/STATUS CHANGE		EFFECTIVE DATE
		1/3/2023
NAME: Derek Guess	PAYROLL :	1/13/2023

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

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB TITLE	Deputy / Jail Assistant Administrator	Jail Administrator
DEPARTMENT	Jail	Jail
HOURS		
ANNUAL SALARY	\$40,000.00	\$47,500.00
SEMI-MONTHLY SALARY		
HOURLY SALARY		
OTHER SALARY	Non-Exempt	Non-Exempt

REASON FOR CHANGE

- | | | |
|------------------|------------------------------|-------------------------------|
| NEW HIRE | RESIGNATION | LENGTH OF SERVICE INCREASE |
| REHIRED | RETIREMENT | REEVALUATION OF CURRENT JOB |
| PROMOTION | LAYOFF | INTRODUCTORY PERIOD COMPLETED |
| DEMOTION | ADMINISTRATIVE LEAVE PAID | OTHER |
| TRANSFER | ADMINISTRATIVE LEAVE UN-PAID | |

COMMENTS, IF NECESSARY

Motion To Change Job Title and Duties From Deputy / Jail Assistant Administrator To Jail Administrator With A Change In Salary From \$40,000.00 To \$47,500.00

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

01/06/2023
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 \$0.00
Coverage			

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)			