HUERFANO COUNTY

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

NAME:	Derek Guess	PAYROLL:	1/13/2023		
CHANGE	STREET				
OF ADDRESS/	CITY, STATE, ZIP				
PHONE	TELEPHONE				
	TELEPHUNE				
CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)		ТО		
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 REHIRED RETIREMENT PROMOTION LAYOFF DEMOTION ADMINISTRATIVE LEAVE TRANSFER ADMINISTRATIVE LEAVE		LENGTH OF SERVICE INCREASE REEVALUATION OF CURRENT JOB INTRODUCTORY PERIOD COMPLETED OTHER		
COMMENTS, IF N	IECESSARY				
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					
above pre Departme the emplo	<u>Wakeman</u> Human Resources Officer certify that the sented information has been requested by the ent Head and or Elected Official directly responsible for eyee named within. I certify that I have received all cumentaion and that I have entered the information on		, Commissioner		
I 2 F 2 2 6 0		John Galusha, Commissioner			

Date to Finance Office:

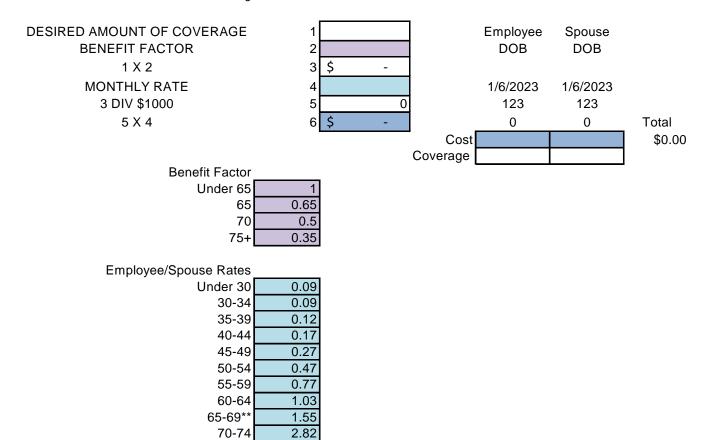
PAYROLL DEDUCTION CHANGE

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

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 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)			