## **HUERFANO COUNTY**

Date to Finance Office:

		EFFECTIVE DATE		
GR	REEN SHEET/STA	1/15/2023		
NAME:	Nell Gibson	PAYROLL:	2/3/2023	

•							
	Γ						
CHANGE	STREET						
OF							
ADDRESS/	CITY, STATE, ZIP						
PHONE	TELEPHONE						
				<b>T</b> O			
CHANGE	FROM (DOES NOT APPLY TO NE			ТО			
JOB TITLE			Dispatche	er / Communication Officer			
DEPARTMENT			Er	nergency Services			
HOURS				·			
ANNUAL				\$38,000.00			
SALARY SEMI-MONTHLY				420,00000			
SALARY HOURLY							
SALARY							
OTHER SALARY				Non-Exempt			
	REASON F	OR CHANGE					
	NEW HIRE	RESIGNATION		LENGTH OF SERVICE INCREASE			
	REHIRED	RETIREMENT		REEVALUATION OF CURRENT JOB			
	PROMOTION	LAYOFF		INTRODUCTORY PERIOD COMPLETED			
	DEMOTION	ADMINISTRATIVE LEAVI	E PAID	OTHER			
	TRANSFER	ADMINISTRATIVE LEAVI	E UN-PAID				
COMPANIES IEM	UF CIPGG A DV						
COMMENTS, IF N	IECESSARY						
Motion To Nell Gibson as a Dispatcher / Communications Officer for the Emergency Services Department.  Contingent Upon Passing CBI Background Investigation and Passing Pre-Employment Drug Test With  NegativeResult.							
I Angela Wakeman Human Resources Officer certify that the							
above presented information has been requested by the			Karl Sporleder, Commissioner				
Departme	Department Head and or Elected Official directly responsible for						
the emplo	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.		John Galusha, Commissioner				
			Arica Andreatt	ta, Commissioner			
<u>Angela</u> V	Wakeman <u>12/30/2022</u>		Airea Ailuicati	a, Commissioner			
	of preparer Date Signed	d					
			Date				

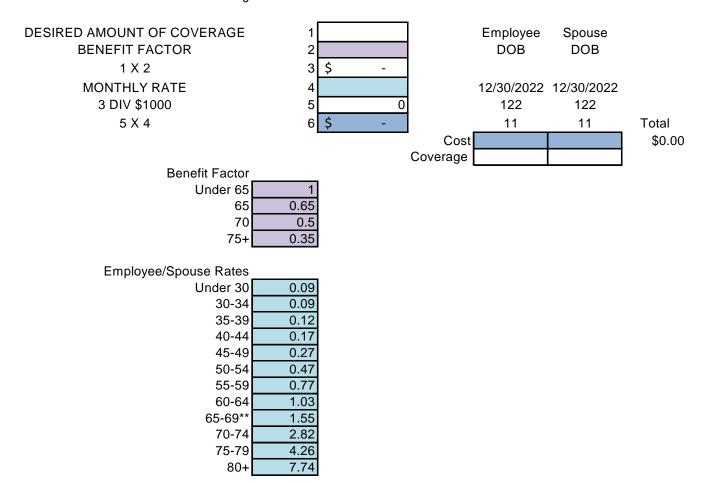
## PAYROLL DEDUCTION CHANGE

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

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
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)			