

HUERFANO COUNTY

<b>GREEN SHEET/STATUS CHANGE</b>		EFFECTIVE DATE
		<b>1/15/2023</b>
NAME: <b>Nell Gibson</b>	PAYROLL :	<b>2/3/2023</b>

<b>CHANGE OF ADDRESS/PHONE</b>	STREET
	CITY, STATE, ZIP
	TELEPHONE

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB TITLE		<b>Dispatcher / Communication Officer</b>
DEPARTMENT		<b>Emergency Services</b>
HOURS		
ANNUAL SALARY		<b>\$38,000.00</b>
SEMI-MONTHLY SALARY		
HOURLY SALARY		
OTHER SALARY		<b>Non-Exempt</b>

**REASON FOR CHANGE**

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

COMMENTS, IF NECESSARY

**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 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

12/30/2022  
Date Signed

\_\_\_\_\_  
Karl Sporleder, Commissioner

\_\_\_\_\_  
John Galusha, Commissioner

\_\_\_\_\_  
Arica Andreatta, Commissioner

\_\_\_\_\_  
Date

Date to Finance Office: \_\_\_\_\_

<b>PAYROLL DEDUCTION CHANGE</b>	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	<b>B2000</b>			<b>Family</b>		<b>\$0.00</b>
Dental Insurance	Add				<b>Family</b>		<b>\$0.00</b>
Vision Insurance	Add				<b>Family</b>		<b>\$0.00</b>
Life Insurance	Change						<b>\$2.40</b>
Supplemental Life Insurance	Add						<b>\$0.00</b>
					<b>\$0.00</b>		
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
12/30/2022	12/30/2022
122	122
11	11

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>	<u>N/A</u>
Acknowledgement and Consent	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Minutes-Motion from Board to Hire	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Application	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	Date to	Date	Date
	Finance	Filed	Faxed
Other	<u>N/A</u>	<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>	<u>N/A</u>
Driver's License	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Social Security Card	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Other	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
HIPPA	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	Date	Date Change Form	Date
	Faxed to CHP	To Finance	Filed in Binder
Health Insurance	<u>PLAN</u>	<u>COST</u>	<u>DEDUCTION</u>
	<u>MEDICAL</u>	<u>COVERAGE</u>	<u>COST</u>
	<u>DENTAL</u>		
	<u>VISION</u>		
	<u>LIFE INSURANCE</u>		
	<u>SUB-TOTAL</u>		
		<u>SUB-TOTAL</u>	
	<u>SUPPLEMENTAL</u>		
	<u>EMP</u>		
	<u>DEP</u>		
		<u>SUB-TOTAL</u>	
	<u>TOTAL</u>		
	Date	Date	Date
	CCOERA Faxed to CCOERA	To Finance	Filed
	<u>457(b)</u>		
	<u>401 (a)</u>		