

HUERFANO COUNTY

<b>GREEN SHEET/STATUS CHANGE</b>		EFFECTIVE DATE
		<b>8/21/2023</b>
NAME: <b>Kyle Gomez</b>	PAYROLL :	<b>9/1/2023</b>

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

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB TITLE		<b>Child Protection Case Aide</b>
DEPARTMENT		<b>Dept of Human Services</b>
HOURS		
ANNUAL SALARY		<b>\$32,000.00</b>
SEMI-MONTHLY SALARY		
HOURLY SALARY		
OTHER SALARY		

**REASON FOR CHANGE**

- |                |                              |                               |
|----------------|------------------------------|-------------------------------|
| <b>NEWHIRE</b> | 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 hire Kyle Gomez as a CP Case Aide at a salary of \$32,000.00**

I, Sheila Hudson-Macchietto, Director 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.

\_\_\_\_\_  
Sheila Hudson-Macchietto      8/10/2023

Signature of preparer

Date Signed

\_\_\_\_\_  
John Galusha-Board Chairman

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Arica Andreatta, Vice Chairman

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

\_\_\_\_\_  
Date

Date to Finance Office: