

HUERFANO COUNTY

<b>GREEN SHEET/STATUS CHANGE</b>	EFFECTIVE DATE
	<b>6/5/2023</b>
NAME: <b>Dawn Martinez</b>	PAYROLL: <b>6/23/2023</b>

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

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB TITLE	<b>Assistant Director</b>	<b>Human Services Director/Designee</b>
DEPARTMENT		<b>Dept of Human Services</b>
HOURS		
ANNUAL SALARY		<b>\$70,000.00</b>
SEMI-MONTHLY SALARY		
HOURLY SALARY		
OTHER SALARY		

**REASON FOR CHANGE**

- |           |                              |                               |
|-----------|------------------------------|-------------------------------|
| NEWHIRE   | 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 promote Dawn Martinez to the Human Services Director/Designee at a Salary of \$70,000**

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* 6/2/2023

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

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Arica Andreatta, Vice Chairman

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Karl Sporleder, Commissioner

\_\_\_\_\_  
Date

Date to Finance Office: